Form C: Request for Reimbursement of Past Therapy and Counselling

This Form must be completed to request reimbursement for past therapy or counselling that was paid out-of-pocket by an Applicant. The Patient Relations Committee of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (the "College") must confirm that the following conditions have been met:

- Dates of therapy and counselling occurred after the dates of the reported sexual abuse;
- Past therapy and counselling costs were paid out-of-pocket by the Applicant and he/she has not been reimbursed for these costs by any provider; and
- Therapy costs and dates have been verified by invoices or receipts. If invoices or receipts are not available, a sworn affidavit may be accepted by the College.

The College is required to pay the Therapist/Counsellor directly. An agreement should be reached prior to submitting this application for the Therapist/Counsellor to reimburse the Applicant.

APPLICANT INFORMATION	
First Name:	Last Name:

THERAPIST/COUNSELLOR INFORMATION			
First Name:		Last Name:	
Address:			
City:	Province:	Postal Code:	Country:
Telephone:		Email:	

APPLICANT INFORMATION		
Number of invoices or receipts attached:		
Did you pay past therapy and counselling costs out-of-pocket?	□ Yes	□ No
Have you been reimbursed for these services under other funding?	□ Yes	□ No
If yes, please provide details (i.e. percentage of private insurance coverage):		

Total amount requested for reimbursement:	
Applicant Signature:	Date: