



Millbrook Medical Reimbursement
Application Form
P.O. Box 634, Truro, N.S. B2N 5E5

Please note that some receipts may not be reimbursed because the item is covered by Canada Life or NIHB or is not an approved expense. Please contact NIHB, Canada life, your private health insurer or the Health Centre before purchasing the item to make sure that it is a covered expense. Please provide proof of purchase with an attached original receipt such as a debit receipt be included with the completed form.

Date: _____ Band Number: _____

Submitted by: _____

Phone: _____ Date of Birth: _____

e-mail: _____

Send Cheque to: (Name) _____

Address: _____

City/Province: _____

Postal Code _____

Please Check Distribution Method: Mail out Pick up

Please Check Account: _____ Program: 10420

- 55025 Foot Care
- 55030 Medical Prescriptions
- 55035 Community Dental
- 55040 Medical Vision / Eye Care
- 55730 Physio/ Chiro/ Massage

Approved by: _____

Amount Approved: _____

Finance use only:	
Cheque #	
Date	