College of Opticians of Ontario

(416) 368-3616
(800) 990-9793 (Toll-Free)
(416) 368-2713

FORM C: Request for Reimbursement for Past Therapy/Counselling Costs

Complete this form if you wish to be reimbursed for past therapy/counselling costs that you paid for out-of-pocket. This request will be reviewed by the Patient Relations Committee of the College of Opticians. In order to be eligible for reimbursement, the following conditions must be met:

- The therapy/counselling occurred after the sexual abuse began;
- The past therapy/counselling costs were paid by you out-of-pocket and you have not been reimbursed for these costs by OHIP or another insurance provider;
- You or your therapist/counsellor have provided copies of invoices or receipts to verify the therapy/counselling costs and dates; and
- Your therapist/counsellor has agreed to reimburse you, and to instead be paid directly by the College [the legislation (the *Health Professions Procedural Code* under the *Regulated Health Professions Act, 1991*) prevents the College of Opticians from paying an applicant directly. If the request for reimbursement for past costs is approved, and if your therapist/counsellor agrees to reimburse you, the College will make arrangements to pay the therapist/counsellor directly].

Applicant's Name: _____

Dates of Therapy: _____

_____

Amount Requested: $_____

Have you already been reimbursed for this amount by your therapist/counsellor?

☐ Yes ☐ No ☐ Not Sure

Therapist/Counsellor Name: _____

Telephone: _____ Email: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

By signing this document, I acknowledge and agree to the following:

1. I paid for these therapy/counselling costs out-of-pocket and that I was not reimbursed for these costs by OHIP or any other public/private insurer.

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2. I understand that the College may contact my therapist/counsellor to confirm the information in this application and/or to make payment arrangements.
3. I am attaching invoices or receipts for the therapy/counselling costs.
4. This request is made in good faith and for no improper purpose.

Signature of Applicant

Date