

Health PEI

Public Health & Children's Developmental Services
Speech Language Pathology, Audiology and Eye See
Eye Learn Programs
161 St. Peters Road
PO Box 2000
Charlottetown, PE C1A 7N8
Telephone: (902) 368-5819
Fax: (902) 620-3195
www.healthpei.ca/eyesee-eyelearn

PEI Eye See Eye Learn Program Application for Co-Pay Reimbursement

Optometrist, Please Complete the Following:

Name:
Licence Number:
Name of Client:
Date of Vision Assessment:

Signature of Optometrist

Applicant Contact Information

(Please see reverse side for instructions to complete form)

Name of Parent/Legal Guardian:
Address:

Phone Contact: Home () Work () Cell ()
E-Mail Address:

May we contact you by e-mail if necessary: yes no

Service & Payment Details

Name of Child Receiving Vision Assessment:
Date of Vision Assessment:
Date of Birth: PEI Health Number:
School & Grade: Insurance Plan Number:
Name of Insurer: Co-pay Incurred by Parent/Guardian:
Total Invoice Amount:
Amount Covered by Insurance Provider:
Amount Requested for Reimbursement:

Please note, by signing below you certify (Check all that apply):

- The information being provided for this reimbursement request is accurate and true.
- I have personally paid the co-pay cost incurred.
- I have attached a copy of the receipt(s) which show proof of paid co-payment for services provided.
- I consent to verification of this information.
- I understand that it is offence to give false information in this application.

Signature: _____ Date: _____

Privacy Statement

The Freedom of Information and Protection of Privacy (FOIPP) Act of Prince Edward Island governs the collection, use and disclosure of personal information contained in this form.

If you have any questions about the collection, use or disclosure of your personal information, please contact the Health PEI Privacy and Information Access Coordinator at (902) 368-4942.

INSTRUCTIONS TO COMPLETE FORM

- 1) Ensure that the Optometrist has completed and signed the upper right corner for verification of the exam.
- 2) Complete the contact information with requested information.
- 3) Complete the service and payment details requested.
- 4) Carefully read and check the statement boxes to certify information is accurate and correct.
- 5) Don't forget to attach your receipt and any evidence of insurance reimbursement made directly to you.
- 6) Send the completed and signed form to:
Eye See Eye Learn Program
161 St. Peters Road
PO Box 2000
Charlottetown, PE C1A 7N8
- 7) If you have any questions we'd be happy to help, please call us at (902) 368-5819.