



Form C: Request for Reimbursement of Past Therapy or Counselling Costs

This form must be completed by the Applicant if the Applicant has paid out-of-pocket for past therapy/counselling and would like to request reimbursement for these costs.

The Health Professions Procedural Code under the *Regulated Health Professions Act, 1991* prevents the College from paying Applicants directly. An agreement should be reached prior to submitting this application for the Therapist/Counsellor to reimburse the Applicant.

To Request reimbursement for past therapy/counselling costs, please complete/submit the following:

1. This Form (**Form C**)
2. Invoices or receipts for the therapy/counselling costs
3. **Form B**
4. **Form A** (unless funding has already been granted by the Client Relations Committee)

Applicant Information

Name

Address

City

Province

Postal Code

Telephone

Email

Therapist/Counsellor Information

Name

Address

City

Province

Postal Code

Telephone

Email



Information About Therapy/Counselling:

When did the therapy/counselling take place? Please specify the dates the therapy/counselling began/ended:

Were the past therapy/counselling costs paid out-of-pocket by the Applicant?

Yes No

Has the Applicant already been reimbursed for the past therapy/counselling costs by any provider?

Yes No

If yes, please provide details (i.e. percentage of private insurance coverage):

Total amount requested for reimbursement: _____

Signature _____

Date _____

Processing Information

Once you have completed this form, please return to the College of Midwives of Ontario via one of the methods listed below:

E-mail (preferred): conduct@cmo.on.ca

Mail: Attn: Professional Conduct Coordinator, College of Midwives of Ontario
21 St. Clair Avenue East, Suite 303, Toronto, ON M4T 1L9

If you have any questions, please contact us by e-mail at conduct@cmo.on.ca or telephone at 416-640-2252.