

CHIROPRACTIC CLAIM FORM/ DEMANDE DE REGLEMENT POUR SERVICES DE CHIROPRACTIE

Manitoba Families
Provincial Services
Health Services Programs
100-114 Garry St.
Winnipeg, MB R3C 4V4

Families Manitoba
Services provinciaux
Services de santé
114, rue Garry, bureau 100
Winnipeg (Manitoba) R3C 4V4



VENDOR NO: N° DE COMMERÇANT
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CHIROPRACTOR	PATIENT
Name:	Last name:
Address:	First name:
	Address:
Phone number:	Date of birth:
Fax number:	Certificate number:

We hereby certify that the following services have been rendered/ Par la présente, nous certifions que les services suivants ont été fournis:	
Chiropractor Signature:	Patient Signature:

DATE OF SERVICE/DATE DU TREATMENT			DIN/NID:			
D/ J	M/ M	Y/ A			TREATMENT/TRAITEMENT	FEE/FRAIS
					TOTAL	