



Ontario College of Pharmacists
483 Huron Street
Toronto, ON M5R 2R4

Reimbursement Request for past therapy/counselling

To be completed by the Applicant

Please complete this form if you have paid out-of-pocket for past eligible therapy/counselling sessions prior to requesting funding through the Patient Relations Program.

If you request reimbursement for past eligible therapy or counselling costs, the five-year funding period for this program will begin on the date you first received therapy or counselling related to the allegation of sexual abuse by a registrant made to the Ontario College of Pharmacists.

Dates of therapy: _____ to _____

Total amount requested: \$ _____

Information regarding the therapist who provided these services:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

Invoices or receipts that list the therapy or counselling rates, duration and session dates must be included with this form. If unavailable, a sworn affidavit may be acceptable in place of the invoices or receipts.

Date

Signature of the patient

Name of patient (please print)

Please submit forms to:

patientrelations@ocpinfo.com

Patient Relations Program
Ontario College of Pharmacists
483 Huron Street
Toronto, ON M5R 2R4

Fax: 416-847-8283

Questions?

Please direct all questions to patientrelations@ocpinfo.com to ensure a timely response to your inquiries regarding the Patient Relations Program. This account is secure, confidential, and monitored by dedicated staff members at the College.

[More information is on our website](#)