

## DECLARATION BY THE INSURED

1. IDENTIFICATION OF THE INSURED				
Last name		First name		
CCQ client number		Date of birth (YYYY-MM-DD)		
No.	Street	Apartment no.	City	
Province	Postal code		Telephone no.	

2. IDENTIFICATION OF THE PATIENT (IF OTHER THAN THE INSURED)	
Last name	First name
Date of birth (YYYY-MM-DD)	<input type="checkbox"/> Spouse <input type="checkbox"/> Child

3. AUTHORIZATION	
<p>I authorize the Commission de la construction du Québec (CCQ) to pay the insurable costs that would be payable to me under the present application directly to:</p> <p>Name of facility: _____</p> <p><i>N.B. Reimbursement directly to the insured may be made only with the original receipt confirming the payment.</i></p> <p>In addition, I authorize the facility to send the CCQ the medical and administrative information necessary for processing of my application for reimbursement of therapy costs.</p>	
Signature of the insured	Date (YYYY-MM-DD)
Signature of the patient (if other than the insured)	Date (YYYY-MM-DD)

## DECLARATION BY THE FACILITY

4. INFORMATION ON THE THERAPY	
What is the type of therapy?	<input type="checkbox"/> Alcoholism or drug addiction <input type="checkbox"/> Compulsive gambling <input type="checkbox"/> Major depression <input type="checkbox"/> Violent behaviour (closed therapy) <input type="checkbox"/> Violent behaviour (group therapy)
Was the therapy ordered by a court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this person present for the entire duration of the period invoiced (or at each meeting if applicable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: The period invoiced must be for services already provided. See the steps to follow by the facility, over.

5. IDENTIFICATION OF THE FACILITY				
Name of the facility				
No.	Street	City	Province	Postal code
Name of the facility's authorized person (please print)		Title	Telephone no.	
Signature			Date (YYYY-MM-DD)	

## INSURED'S GUIDE

You are using the correct form if you are claiming reimbursement of therapy costs for alcoholism, drug addiction, compulsive gambling, major depression, or violent behaviour.

The facility where the therapy is performed must specialize in and be recognized by the CCQ for treatment of alcoholism, drug addiction, compulsive gambling, major depression, or violent behaviour.

### A. STEPS TO BE TAKEN BY THE INSURED

- 1- Fill out each section of the part *Declaration by the Insured*.
  - 2- Don't forget to sign and date section 3, Authorization. If the treatment is for a dependent, that dependent must also sign and date section 3.
  - 3- Have the *Declaration by the Facility* section filled out by an authorized person at the facility where the treatment was provided.
  - 4- Attach the following documentation:
    - Original invoice from the facility
- If you paid for the therapy and the reimbursement must be sent to you, also attach:
- The original receipt issued by the facility

### B. STEPS TO BE TAKEN BY THE FACILITY

- 1- Fill out sections 4 and 5 of the part *Declaration by the Facility*.
  - 2- Don't forget to sign and date your declaration and give the facility's contact information.
  - 3- Attach the invoice for the period claimed according to the following instructions
    - The period invoiced must be for services already provided. In other words, you cannot invoice in advance.
- If the therapy continues after the initial period invoiced, send a new invoice at the end of the new period of treatments provided to the following address:
- Commission de la construction du Québec  
Section assurance maladie  
Case postale 2212, succursale Chabanel  
Montréal (Québec) H2N 0B8

### C. SALARY INSURANCE AND HOUR CREDITS – ANOTHER FORM TO FILL OUT

To submit a claim for salary insurance and hour credits, you must use the form *Claim for Short-term Salary and Hour Credits during Therapy* (14), which you can obtain at [ccq.org](http://ccq.org) in the Forms section. Be careful: the address for sending form 14 is different from that for sending form 13.

### D. FOR MORE INFORMATION

- On the Web: [ccq.org](http://ccq.org)
- Employers' phone line: **1 877 973-5383**
- By telephone: CCQ's Customer Services: **1 888 842-8282**
- Construire en santé line: 1 800 807-2433, 24h/day, 7 days/week, toll-free

**Please return this form and the documentation to the following address:**

Commission de la construction du Québec  
Section assurance maladie  
Case postale 2212, succursale Chabanel  
Montréal (Québec) H2N 0B8

Or go to your regional office to submit your documents.