

Request for past therapy costs – Form C

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COLLEGE OF CHIROPODISTS OF ONTARIO
Regulating Chiropodists and Podiatrists in Ontario

Under some conditions, the College may help to pay for past therapy. To qualify:

- Past therapy must not have been paid by another provider;
- The therapy must have taken place after the reported abuse;
- The applicant or therapist must provide invoices or receipts with therapy costs and dates;
- The therapist must agree to reimburse the applicant, in return for funds paid directly to the therapist.

Dates of therapy: _____

Amounts requested: \$ _____

Information regarding the therapist who provided these services:

Name: _____

Address: _____

Phone: _____

Payment for these services has not been paid by OHIP or a private insurer, nor are these services eligible for such payment. Invoices or receipts are attached. All costs were for my therapy.

Signature of Applicant

Date