

## Questions?

We're here to help!  
Email: AskUs@MedReleaf.com  
Phone: 1855.4.RELEAF (473.5323)

[www.MedReleaf.com](http://www.MedReleaf.com)



To qualify for *Financial Relief* you must be receiving assistance from one of the qualified federal or provincial programs listed on our website. Proof of your enrolment must be attached to this application.

Upon receipt of this application, our financial assistance review committee will assess each patient's eligibility for the program on a case-by-case basis.

Please identify which federal/provincial program you are a recipient of:

I have attached proof of my enrolment in this qualified program

Printed Name

Date

Signature

I agree that MedReleaf may review my case each year upon renewal of my Medical Document and may ask for more information. I attest that the information I have provided is true and accurate

Send completed documents to

MedReleaf  
P.O. Box 3040  
Markham Industrial Park  
Markham ON, Canada  
L3R 6G4

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This form may be filled out electronically  
or printed and completed by hand.