

Optical Assistance for Seniors Program

If your optical provider does not use online claim submission, please use this convenient slip to submit your original receipt to Alberta Blue Cross to obtain reimbursement for the eligible portion of your expense.

Name	Personal Health number	Telephone number	
Mailing address (if not provided on receipt)	City	Province	Postal code

Please mail this slip along with your original receipt to

Alberta Blue Cross
Box 26000
Station Main
Edmonton, AB
T5J 2P4

Please attach your original receipt in the space below or on the back of this slip.