

From: _____

Address: _____

Date: _____

To: _____

RE: Request for health coverage of Dizzyfix device

I am writing to request reimbursement for my recent purchase of the “Dizzyfix” medical device. I believe this is eligible for coverage as an Extended Health Benefit Expense.

I purchased the device to treat dizziness I suffer due to benign positional vertigo (BPV). The Dizzyfix is a patented device that enables me to perform Particle Repositioning Maneuvers that lead to cure of BPV in most patients. For information on this device, please feel free to contact Dr. Jacob Jaremko, MD, PhD (jacob@clearwaterclinical.com) or visit www.allstarsales.ca.

I trust you will find the Dizzyfix device appropriate for health coverage, in my case and for others who suffer from BPV.

My claim form is attached.

Sincerely,
