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D E N T I S		que #	_	_ er	Spe	ec.	_	Patient's Office Account # P A T I E N T							A T H I C E N F	Patient Name  Home Address  City  Province Postal Code				
DATI	OF SEF	RVICE	PROCEDURE CODE				NTL. OOTH OODE	1	TOOTH Surfaces		DENTIST'S FEE		LABORATORY Charge			TOTAL Charges			FOR DENTIST'S USE, FOR ADDITIONAL INFORMATION, DIAGNOSIS, PROCEDURES, OR SPECIAL CONSIDERATION	
								ned and the	total fee Signature			FEE SU	JBMIT	TTED					OPTIONAL ASSIGNMENT I hereby assign my benefits pay authorize payment directly to to to to the covered individual's signature	yable from this claim and the named Dentist.
1.	. Name and address of covered Individual																			
2. 3.	Covered Individual's birthdate (M/D/Y) Patient's birthdate (M/D/Y)  Patient's Relationship to covered Individual  Are you or your dependents entitled to benefits under any other plan?																			
5.	I. Are any of the services provided as a result of an accident? □ No □ Yes  If "Yes," provide the date and details of the accident																			
6. If treatment is a denture, crown or bridge, is it an initial placement?																				
plan colle comi	admin cted in	istrati cludes ition o	on, a	asses dical	sme and	nt, in healt	estiga h prof	ation, claim essionals, f	management, acilities or prov	, unde viders,	erwriti , insu	ing and rance o	d for a	deterr anies,	mining , or ot	j pla her	n elig orgar	ibility. The nizations/pe	ormation relevant to this claim for t non-exhaustive list of sources from ersons. This authorization is also val ts under this plan. A photocopy of	which information can be lid for the collection, use and

\_ Date \_

Covered Individual's Signature \_\_\_\_



## **DENTAL CLAIM**

## Instructions (Please read carefully)

The Dentist completes shaded areas. The covered individual completes all other sections. Please ensure all questions are answered or your claim may take longer to process. Send completed claim form to National Service Centre, 1051 King Edward Street, Winnipeg, Manitoba R3H 0R4 Telephone 1-800-893-7587



## WANT TO GET YOUR CLAIM PAID FASTER? **SUBMIT YOUR CLAIMS ONLINE**

- Go to www.my-benefits.ca and register for the Plan member secure site
- Sign up for **DIRECT DEPOSIT**
- Submit claims online and SAVE TIME, PAPER AND MONEY!
- Download our app from either Google Play or the Apple Store



