



DENTAL CLAIM

Please print your Policy # Certificate #

Policy #

Certificate #

DENTIST Unique # Spec. Patient's Office Account # Phone Number

PATIENT Patient Name Home Address City Province Postal Code

Table with columns: DATE OF SERVICE, PROCEDURE CODE, INTL. TOOTH CODE, TOOTH SURFACES, DENTIST'S FEE, LABORATORY CHARGE, TOTAL CHARGES

FOR DENTIST'S USE, FOR ADDITIONAL INFORMATION, DIAGNOSIS, PROCEDURES, OR SPECIAL CONSIDERATION

OPTIONAL ASSIGNMENT OF BENEFITS

I hereby assign my benefits payable from this claim and authorize payment directly to the named Dentist.

Covered Individual's Signature

This is an accurate statement of services performed and the total fee due and payable, errors and omissions excepted. Dentist's Signature

- 1. Name and address of covered Individual
2. Patient's Relationship to covered Individual
3. Are you or your dependents entitled to benefits under any other plan?
4. Are any of the services provided as a result of an accident?
5. Are you claiming for an over-age dependent?
6. If treatment is a denture, crown or bridge, is it an initial placement?
7. Is any treatment required for orthodontic purposes?

Declaration and Authorization for the Collection and Communication of Personal Information

All the information I have provided on the form is accurate and complete, to the best of my knowledge, and represents a claim for services rendered to me and/or eligible members of my family.

I authorize Johnston Group and Co-operators Life Insurance Company to collect, use, maintain and disclose personal information relevant to this claim for the purposes of benefit plan administration, assessment, investigation, claim management, underwriting and for determining plan eligibility.

Covered Individual's Signature Date

ALL INFORMATION ON THIS FORM WILL BE TREATED AS CONFIDENTIAL

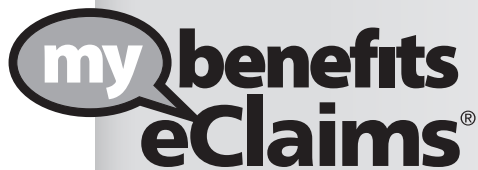
---

**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](http://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

