



DENTAL CLAIM

Please print your Firm/Division & Certificate #

Firm/Division #

Certificate #

D E	Un	ique	#	Spe	c.	Patient's Office Account #			Р	Patient Name				
N									A T					
T									I E	Ci	ty			
S T	Pho	one I	Num	ber					N T		•			Postal Code
DATE	OF SE			CEDURE ODE	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
							TOTAL FE	E SUE	MITTE	D				to the named Dentist.
						ices performed and the excepted. Dentist's								Employee's Signature
2.	Nam	e an	d ac	ldress	of Empl	oyee								ate (YYYY/MM/DD)
3.	Patient's Relationship to Employee													
4.	If your firm has a Health Spending Account , please apply the balance of this claim towards this benefit. O No O Yes													
5.	Are you or your dependents entitled to benefits under any other plan? O No Yes													
	If "Y∈	s," f	amil	y men	nber insu	red								
	Name of insuring company Spouse's birthdate (YYYY/MM/DD)													
6.	Are any of the services provided as a result of an accident? O No O Yes													
	If "Y∈	es," p	rovi	de the	date an	d details of the a	ccident							
7.	Are չ	ou o	clain	ning fo	r an ove	r-age dependent?	○ No ○	Yes						
	Child is O has a physical or mental disability (medical evidence may be requested)													
			() a	stude	nt enroll	ed full time at (so	:hool's nam	ne)						
8.	If tre	f treatment is a denture, crown or bridge, is it an initial placement? O No Yes												
	lf "N	o," p	rovio	de the	last plac	ement date and	reason for	repla	cemer	nt				
9.	ls an	y tre	atm	ent re	quired fo	or orthodontic pur	poses? 🔘	No () Yes	i				





DENTAL CLAIM

Personal information we collect from you is kept in strict confidence and will be used to assess your claim and to administer the group benefit plan.

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. If this claim is being made on behalf of my spouse and/or dependents, I am authorized to disclose information about them for the purposes of assessing and paying a benefit, if any.

If this claim includes an amount under my Health Spending Account, I certify that the amount qualifies as a medical expense for income tax purposes. I also acknowledge that the persons for whom I am making a claim are eligible and include myself, my spouse and any dependents as defined under the Health Spending Account coverage. I understand that should any tax consequences arise from reimbursement of these expenses, I am responsible for payment of such taxes.

I authorize Maximum Benefit and its insurers 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. The non-exhaustive list of sources from which information can be collected includes medical and health professionals, facilities or providers, insurance companies, or other organizations/persons. This authorization is also valid for the collection, use and communication of personal information concerning my dependents, insofar as applicable to the administration of benefits under this plan. A photocopy of this authorization is as valid as the original.

Signature of Employee	Date

INSTRUCTIONS (Please read carefully)

The Dentist completes shaded areas. The Employee completes all other sections. Please ensure all questions are answered or your claim may take longer to process.

Send completed claim form to Maximum Benefit, 1051 King Edward Street, Winnipeg, MB 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





Administered by Johnston Group Inc.

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MANAGED
COMPANIES

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