DENTAL EXPENSE CLAIM FORM

SECTION 1 - TO BE COMPLETED BY DENTIST

PATIENT

Last name	First name
Mailing address	
City	Province / Postal Code

DENTIST

Unique No.	Spec.	Patient's office account no.
Phone number		

I hereby assign my benefits payable from this claim to the named dentist and authorize payment directly to him/her.

You must print THEN sign this form

Signature of plan member

For dentist's use only - For additional information, diagnosis, procedures, or special consideration.

Duplicate form ☐

I understand that the fees listed in this claim may not be covered by or may exceed my policy benefits. I understand that I am financially responsible to my dentist for the entire cost of the treatment. I acknowledge that the total fee of $ _____ is accurate and has been charged to me for services rendered. I authorize release of the information contained in this claim form to my insurance company/plan administrator.

Signature of patient (Parent/Guardian) You must print THEN sign this form

Office verification / Dentist's signature You must print THEN sign this form

Date of service yyyy	mm	dd	Procedure code	Int. tooth code	Tooth surfaces or units	Dentist's fee	Laboratory charge	Total charges

This is an accurate statement of services performed and the total fee due and payable, E. & OE.

TOTAL FEE SUBMITTED

Return completed form to Coughlin for processing

COUGHLIN
employee benefits specialists
Coughlin & Associates Ltd. is a People Corporation company

Tel: 204-942-4438 / 1-888-204-1234
Fax: 204-942-2741
E-mail: winnclaims@coughlin.ca

Mailing address
PO Box 764
Winnipeg, MB R3C 2L4

SECTION 2 - TO BE COMPLETED BY PLAN MEMBER

Plan sponsor/Group name	Member ID/PIN
Alberta Sheet Metal Workers (Policy #903044)	

Member last name	Member first name	Member middle initial	Sex ☐ Male ☐ Female	Date of birth (yyyy/mm/dd)

Mailing address	City	Province	Postal code

Email address	Primary telephone	Secondary telephone	Language of correspondence ☐ English ☐ French

SPOUSE OR DEPENDANT INFORMATION Complete only if claim is for a dependant

Last name	First name	Date of birth (yyyy/mm/dd)	Sex ☐ Male ☐ Female	Full-time student ☐ Yes ☐ No	Disabled child ☐ Yes ☐ No	Relationship to plan member

COORDINATION OF BENEFITS How to submit a claim when there are two plans

- Send your claims to your own plan first. When you receive your explanation of benefits, send it along with copies of your receipts to your spouse's plan to claim any unpaid amount.
- Send your spouse's claims to their plan first, then send a copy of their explanation of benefits and receipts to your plan.
- Send your children's claims first to the plan of the parent whose birthday (month and day) occurs first in the calendar year.

Are any of the expenses associated with a work related incident AND eligible for workers' compensation benefits? ☐ Yes ☐ No
If yes, submit these expenses to your provincial workers' compensation board.

Are any dental services provided under any other group insurance or health plan or government plan? ☐ Yes ☐ No
If yes, who is the member of this other plan? Name _____ Date of birth (yyyy/mm/dd)_____ Relationship to plan member _____

If your other benefit plan is with Coughlin, do you want us to process the claim through both benefit plans? ☐ Yes ☐ No If yes, complete the following:

Plan sponsor/Group name	Last name	First name	Member ID/PIN	Signature
				You must print THEN sign this form

CLAIM INFORMATION

1. Is this claim due to an accident? ☐ Yes ☐ No If yes, date of accident (yyyy/mm/dd) _____ Ensure to attach the details of the accident
2. Does the treatment involve the placement of a crown / bridge or denture? ☐ Yes ☐ No
   If yes, is this the initial placement? ☐ Yes ☐ No UPPER ☐ Yes ☐ No LOWER ☐ Yes ☐ No
   If no, provide the date of prior placement and attach an explanation (yyyy/mm/dd) _____

HEALTH CARE SPENDING ACCOUNT Complete only if you have this benefit

I confirm that I am eligible for a reimbursement of the indicated expenses under my Health Care Spending Account (HCSA). I understand that my HCSA will automatically be used to cover the expense that is not reimbursed under my group insurance plan, unless I specify below that I do not wish to use my HCSA. I understand that I must first submit my claim using the co-ordination of benefits with my spouse's plan, if applicable.

☐ I do not wish to use my HCSA

AUTHORIZATION & DECLARATION

I authorize Coughlin & Associates Ltd. ("Coughlin") to collect, use, maintain and disclose my personal information with the following persons, organizations or parties: health care providers; companies affiliated with Coughlin; financial institutions; government agencies; insurance companies and their reinsurers and/or service providers; employers or former employers; my local union; plan trustees and auditors for the purposes of plan administration, audit, assessment, investigation, claim management, underwriting and for determining plan eligibility (as applicable). When providing personal information for my spouse and/or dependants, I confirm that I am authorized to act on their behalf. I agree that a photocopy or electronic copy of this form is as valid as the original. I certify that the information given is true, correct and complete to the best of my knowledge.

Member signature	Date (yyyy/mm/dd)
You must print THEN sign this form	

Protecting your personal information: Coughlin recognizes and respects every individual's right to privacy. We are committed to keeping personal information private, confidential, accurate and secure. When personal information is provided to us, we establish a confidential file that is kept in our office, or the office of an organization authorized by us. Personal information is kept in a secure environment. We limit access to personal information in your file to Coughlin staff or persons authorized by Coughlin who require access to perform their duties, to persons to whom you have granted access, and to persons authorized by law. We use the personal information to administer the plan. You may exercise certain rights of access to the personal information in your file, and where appropriate, to have inaccurate information corrected by sending a written request to Coughlin. For information on our Privacy Policy, visit our website at www.coughlin.ca, or send a written request to our Privacy Officer by mail or by email at privacy@coughlin.ca.