canada life					CLAIM FORM DENTAL CARE PL (51057)									AN CANADIAN DENTAL ASSOCIATION							CANADA POST	CANADA	
Please print										-	Тм						<u> </u>						
PART 1 DENTIST													UNIC	PAYABLE								ASSIGN MY BENEFITS ROM THIS CLAIM TO THE	
	LAST NAME GIVEN NAM							NAME	D E														
A T I	ADDRESS AP								APT.	N T													
IE.	CITY						PRO	V.			POSTAL (CODE	i S										
Т									T PHONE NO. SIGNATURE OF SUBSCRIBER														
FOR DENTIST'S USE ONLY, FOR ADDITIONAL INFORMATION, DIAGNOSIS, PROCEDURES, OR SPECIAL CONSIDERATION.											n, Diagn	USIS,	I UNDERSTAND THAT THE FEES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXCEED M PLAN BENEFITS. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO MY DENTIST FOR THE ENTIR TREATMENT. I ACKNOWLEDGE THAT THE TOTAL FEE OF \$ IS ACCURATE AND HAS BEEL CHARGED TO ME FOR SERVICES RENDERED. I AUTHORIZE RELEASE OF THE INFORMATION CONTAINED IN THIS CLAIM FORM TO MY INSURING COMPANY/PLAN ADMINISTRATOR. I ALSO AUTHORIZE THE COMMUNICATION OF INFORMATION RELATE TO THE COVERAGE OF SERVICES DESCRIBED IN THIS FORM TO THE NAMED DENTIST. SIGNATURE OF PATIENT (PARENT/GUARDIAN)										
DUPLICATE FORM													OFFI	OFFICE VERIFICATION									
DATE OF SERVICE PROCEDURE INTL.TOOTH TOOTH DENTIST'S												S											
DAY	MO.	. YR.	+		ODE	<u> </u>	C	ODE	SURFACES				CHARGE							All claims under this gro	All claims under this group benefits plan are submitted through the member. We may exchange personal information about claims wi		
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		_	-	_			_			$\left \right $							_			 Have your dentist co 	mplete Part 1.	ne claims.	
		_	-	_			_			\square				_			_			 Employee completes If you wish benefits to 		e dentist, sign the assignment	
	-	_	_	_			_										_	_		portion of Part 1 above Life may discuss detail		efits is irrevocable. Canada	
	_	_	_				_										_	_		4. Send this claim to:		e abolgriee.	
	_	_	_				_								_		_			Questions? Call		6.716.1313	
		_	_				_								_		_	_		Winnipeg Benefit PO Box 3050 Stat			
	_	_					_										_	_		Winnipeg MB R3			
	_						_										_			www.canadalife.co	om		
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AND	THE	TOTAL	. FEE	EDU	E AN	ID PA	YABLE	, E. & C	ES PERFORM).E.	NED .	TOTAL	FEE	SUE	MI	TED					Voice to TTY: 1-8			
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4.	a)	Are	you	or	any	oth	er me	mbei												Yes No			
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