

Help with this Form – Dentalcare Claim Form

This dental claim form is divided into three, easy to complete sections:

Part 1: Dentist

This section is to be completed in full by your dentist. Either you or your Dentist must complete the patient information, but your Dentist must complete the remaining information. Please ensure that your Dentist signs (signature #2) the form once he/she has completed this section.

If you choose to have payment sent directly to your Dentist, you must sign where it states “I hereby assign my benefits payable from this claim to the named Dentist and authorize payment directly to him/her” (signature #1). If this area is not signed, *you* will receive payment directly. You must, in all instances, sign where it states “I understand that the fees listed in the claim” (signature #3).

gwi.ca for your benefit information			
UNIQUE NO.	SPEC.	PATIENT'S OFFICE ACCOUNT NO.	I HEREBY ASSIGN MY BENEFITS PAYABLE FROM THIS CLAIM TO THE NAMED DENTIST AND AUTHORIZE PAYMENT DIRECTLY TO HIM/HER. 1 SIGNATURE OF SUBSCRIBER
D E N T I S T			
PHONE NO.			I UNDERSTAND THAT THE FEES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXCEED MY PLAN BENEFITS. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO MY DENTIST FOR THE ENTIRE 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 INSURING COMPANY/PLAN ADMINISTRATOR. 2 3 OFFICE VERIFICATION / DENTIST'S SIGNATURE
SIGNATURE OF PATIENT (PARENT/GUARDIAN)			
NETS	LABORATORY	TOTAL	INSTRUCTIONS

Part 2: Employee Information

This section is for information that identifies you and your benefit plan.

When accessing this form from GroupNet Online Services for Plan Members, information will be pre-filled to the greatest extent possible. Be sure to take a moment and ensure that it is complete and correct, and then sign and date this section.

- If any information shown requires a change and/or correction, you can click on the blue text and edit as appropriate.

If you are filling this section out from scratch, you'll need your Plan Number, Employee ID number, Division Number, and Plan Name. Depending on where you look up the information, the Plan Number and Plan Name may be referred to as Policy Number and name. You can find the information you need on your employee benefits card, or an older Explanation of Benefits, or from your plan sponsor (i.e. employer). Don't worry if you cannot find your Division Number, it is not pertinent to your claim submission.

Part 3: Patient Information

The person your are submitting a claim for may be covered under government plans, or the benefit plan of a spouse. This section helps Canada Life determine how your claim will be processed depending on your age and circumstances.

Read down this section and determine if any of the questions apply to you. If you are claiming for yourself or a family member, and are covered under the benefits plan of a spouse (common law or married), you'll need to fill out the name of your spouse's insurer, and their policy number.

If you or any other family member is covered under a benefits plan other than this Canada Life plan, you must check “Yes” when asked “Are you or any other member of your family entitled to benefits under any other plan?”

If any other family member (other than yourself) is insured under this benefits plan with their own benefits (i.e. are employed by the same employer as yourself), you must check “Yes” when asked “Is any member of your family (other than yourself) insured as an employee under this plan?” If you have answered “Yes” to this question, you will be asked for your spouses date of birth.

This birthdate information is very important when submitting claims for a dependant child who has coverage under both you and your spouse; the earliest birthdate (month/day, not year) is used to determine who's plan pays first.