DENTAL CLAIM FORM

PART 1 – DENTIST

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

PATIENT
PHONE NO.:

DENTIST
NAME:
ADDRESS:
EMAIL:
PHONE NO.:

_____
SIGNATURE OF SUBSCRIBER

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 PLAN BENEFITS. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO MY DENTIST FOR THE ENTIRE TREATMENT.

I ACKNOWLEDGE THAT THE TOTAL OF $ _____ IS ACCURATE AND HAS BEEN CHARGED TO ME FOR SERVICES RENDERED.

I AUTHORIZE RELEASE OF THE INFORMAION CONTAINED IN THIS CLAIM FORM TO MY INSURING COMPANY/PLAN ADMINISTRATOR. I ALSO AUTHORIZE THE COMMUNICATION OF INFORMATION RELATED TO THE COVERAGE OF SERVICES DESCRIBED IN THIS FORM TO THE NAMED DENTIST.

_____
SIGNATURE OF PATIENT (PARENT/GUARDIAN)

OFFICE VERIFICATION/DENTIST'S SIGNATURE

DATE OF SERVICE			PROCEDURE CODE	INT'L TOOTH CODE	TOOTH SURFACES	DENTIST'S FEE	LABORATORY CHARGE	TOTAL CHARGES
DAY	MO.	YR						

THIS IS AN ACCURATE STATEMENT OF SERVICES PERFORMED AND THE TOTAL FEE DUE AND PAYABLE, E & O.E.

TOTAL FEE SUBMITTED

FOR CARRIER USE

ALLOWED AMOUNT	INC.	%	PATIENT'S SHARE

CHEQUE NO. DATE

DEDUCTIBLE	PATIENT PAYS	PLAN PAYS

CLAIM NO.

PART 2 – EMPLOYEE / PLAN MEMBER / SUBSCRIBER

1. GROUP POLICY / PLAN NO. _____ DIVISION / SECTION NO._____

EMPLOYER _____

NAME OF INSURING AGENCY OR PLAN ClaimSecure Inc.

2. YOUR NAME (PLEASE PRINT) _____
YOUR CERTIFICATE NO.
OR I.D. NO. _____

YOUR DATE OF BIRTH _____
DAY MONTH YEAR

YOUR EMAIL ADDRESS _____

3. DO YOU WANT ANY UNPAID BALANCE FROM THIS CLAIM REIMBURSED FROM YOUR HEALTH SERVICE SPENDING ACCOUNT (IF ELIGIBLE)? ☐ YES ☐ NO

PART 3 – PATIENT INFORMATION

1. PATIENT:

RELATIONSHIP TO EMPLOYEE/
PLAN MEMBER / SUBSCRIBER _____

DATE OF BIRTH _____
DAY MONTH YEAR

IF CHILD, INDICATE STUDENT ☐ HANDICAPPED ☐

IF STUDENT, INDICATE SCHOOL _____

_____

PATIENT I.D. NO. _____

2. ARE ANY DENTAL BENEFITS OR SERVICES PROVIDED UNDER ANY OTHE GROUP INSURANCE OR DENTAL PLAN, W.C.B. OR GOV'T PLAN? NO ☐ YES ☐

POLICY NO. _____ SPOUSE DATE OF BIRTH _____

NAME OF OTHER INSURING AGENCY OR PLAN _____

3. IS ANY TREATMENT REQUIRED AS THE RESULT OF AN ACCIDENT? IF YES, GIVE DATE AND DETAILS NO ☐ YES ☐

4. IF DENTURE, CROWN OR BRIDGE, IS THIS INITIAL PLACEMENT? GIVE DATE OF PRIOR PLACEMENT AND REASON FOR REPLACEMENT NO ☐ YES ☐

5. IS ANY TREATMENT REQUIRED FOR ORTHODONTIC PURPOSES? NO ☐ YES ☐

6. I AUTHORIZE THE RELEASE OF ANY INFORMATION OR RECORDS REQUESTED IN RESPECT OF THIS CLAIM TO THE INSURER / PLAN ADMINISTRATOR AND CERTIFY THAT THE INFORMATION GIVEN IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE

DATE _____
DAY MONTH YEAR

_____
SIGNATURE OF EMPLOYEE/ / PLAN MEMBER / SUBSCRUBER

PART 4 – POLICY HOLDER / EMPLOYER (FOR COMPLETION ONLY IF APPLICABLE, SEE ABOVE*)

	DAY	MONTH	YEAR	CONTRACT HOLDER	DAY	MONTH	YEAR
1. DATE COVERAGE COMMENCED							
2. DATE DEPENDENT COVERED							
3. DATE TERMINATED							

_____
AUTHORIZED SIGNATURE

_____
(POSITION OR TITLE)

PART 5 – PRIVACY CONSENT

Protecting your personal information:
At ClaimSecure, we're committed to protecting personal information and respecting your privacy. Personal information is information that either on its own or combined with other information allows an individual to be identified. This includes your name and address, as well as more sensitive information such as your health and financial records. When applicable, this includes information about other people such as your spouse, common-law partner, and children.

How we use your personal information:
Your personal information is used to provide you with products and services and to improve our business operations. This includes verifying your identity, maintaining your profile, and informing you about features of the products you already have with us. It's also used to evaluate your eligibility for products, price our products collect feedback on our customer service, process claims, protect you and us from risks such as cyber threats and fraud, and comply with legal obligations. Your certificate number is used to link your products together and to keep your information separate from other customers with similar names.

Who we share personal information with:
We share your personal information with other people and organizations who help us administer your products and provide you with services. This may include your advisor or people who work with your advisor, and other organizations that provide us services such as paramedical examiners, medical laboratories, specialty coverage providers, independent medical examiners, and pharmacies. As well, we may share your information with travel assistance providers, technology suppliers, and insurance or reinsurance companies. As part of our day-to-day business, your personal information may be communicated to government departments and agencies and may be communicated outside your province of residence. We take protecting your personal information seriously and we'll never sell your personal information to anyone.

You're in control of your personal information:
We respect your privacy preferences and follow them when using your personal information. At any point in your relationship with us, you can choose how your personal information is used by submitting a request to our Privacy Office at privacy@claimsecure.com. This includes choosing whether you receive customer experience surveys, and whether you want to receive information and offers from ClaimSecure using the personal information we collect from you throughout your relationship with us. You can also exercise other privacy rights, such as access to or correction of your personal information, by emailing our Privacy Office at privacy@claimsecure.com.

If you choose to remove your consent to the collection, use and disclosure of the personal information required to serve you and meet our legal obligations, we may not be able to continue to provide you with products and services.

ClaimSecure uses personal information when making decisions related to products and services. These decisions may be made using automated processing.
Want to learn more? Please visit https://www.claimsecure.com/privacy-policy/.

PART 6 – AUTHORIZATION AND DECLARATIONS

I hereby:

1. Authorize ClaimSecure, any healthcare provider, my plan administrator, any insurance or reinsurance company, administrators of government benefits or patient support programs or other benefits programs, other organizations, or service providers working with ClaimSecure or any of the foregoing, located inside or outside Canada, to exchange personal information when relevant and necessary for the adjudication of my claim(s).
2. Acknowledge that my personal information will be collected, used, and shared as set out above; and that refusing to consent may result in delay or denial of my request or ClaimSecure not being able to continue to provide me with products and services.
3. Acknowledge that ClaimSecure reserves the right to audit the information provided on this form at any time for purposes that include preventing and detecting fraud and this consent extends to any audit of my claim(s).
4. I authorize ClaimSecure, and persons acting for ClaimSecure, to disclose the information provided on this form to my benefit plan sponsor/employer for the purposes of reporting instances of fraud, waste or abuse suspected by ClaimSecure.
5. Confirm that, where the patient is a person other than myself, the patient has given their consent to provide their personal information and for ClaimSecure to use and disclose it as set out above.
6. Confirm that the information given is true, correct, and complete to the best of my knowledge. Failure to provide true, correct, and complete information on this form could result in a revocation of any approval decision, a requirement to repay paid claims or other appropriate action.
7. Acknowledge that unless assigned to the service provider, any reimbursement of the above charges and explanation of such amounts paid will be provided to me.

ClaimSecure may revise this Consent & Authorization from time to time and will post the most current version on our website at (https://www.claimsecure.com). Please check back from time to time to ensure that you are aware of any changes and are using the most recent version of the Consent & Authorization. Your continued use of our services after any such changes constitutes your acceptance of the Consent & Authorization as revised.

_____ DATE _____
SIGNATURE OF EMPLOYEE / PLAN MEMBER / SUBSCRIBER DAY MONTH YEAR

ALL INFORMATION RECORDED ON THIS FORM IS CONFIDENTIAL. UNLESS ASSIGNED, BENEFITS ARE PAYABLE TO THE PLAN MEMBER.
*** NOTE: DO NOT STAPLE OR TAPE RECEIPTS TO THE CLAIM FORM ***

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