

SECTION 1 - TO BE COMPLETED BY DENTIST

DENTAL EXPENSE CLAIM FORM

P A T I E N T	Last name		First name		D E N T I S T	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. _____ Signature of plan member	
	Mailing address					Phone number				
	City	Province	Postal Code							


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

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) _____

Office verification / Dentist's signature _____

Duplicate form

Date of service	Procedure code	Int. tooth code	Tooth surfaces or units	Dentist's fee	Laboratory charge	Total charges	Return completed form to Coughlin for processing
yyyy mm dd							
							<p>Tel: 204-942-4438 / 1-888-204-1234</p> <p>Fax: 204-942-2741</p> <p>E-mail: winnclaims@coughlin.ca</p> <p>Mailing address PO Box 764 Winnipeg, MB R3C 2L4</p> 
This is an accurate statement of services performed and the total fee due and payable, E. & OE.				TOTAL FEE SUBMITTED			

SECTION 2 - TO BE COMPLETED BY PLAN MEMBER

Plan sponsor/Group name Plumbers Local 170				Member ID/PIN 271029			
Member last name		Member first name		Member middle initial		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (yyyy/mm/dd)
Mailing address				City		Province	Postal code
Email address		Primary telephone		Secondary telephone		Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French	

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

Last name	First name	Date of birth (yyyy/mm/dd)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled child <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to plan member
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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
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CLAIM INFORMATION

- 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
- 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 Applicable only if you have this benefit

Effective September 1, 2020: The Healthcare Spending Account (H.S.A.) is processed at Plumbers Local 170 Health and Welfare Office. Please forward a copy of your Explanation of Benefits (EOB) from Coughlin & Associates, which can be obtained through the member portal or your most recent hard copy cheque summary statement and, if applicable, a co-ordination of benefit summary statement from your spouse's plan.
Email: Jamie@plumbers.bc.ca or info@plumbers.bc.ca | Fax: 604-526-6343 | Mail: Plumbers Local 170 Health and Welfare Plan, #203-1658 Foster's Way, Delta, BC V3M 6S6

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)
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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.