PACIFIC FIRST
Dental & Healthcare Plans®

CLAIM FORM

PERSONAL INFORMATION (be sure to complete all fields)

EMPLOYER NAME: _____ PLAN NUMBER: _____

EMPLOYEE NAME: _____ DATE OF BIRTH: _____ yyyy/mm/dd

HAS YOUR ADDRESS CHANGED IN THE PAST YEAR? ☐ **Yes** ☐ **No**

If Yes, NEW ADDRESS: _____ EMAIL: _____

CITY: _____ PROV: _____ POSTAL CODE: _____ PHONE NO.: _____

Is claim being made for Worksafe BC Benefits? ☐ Yes ☐ No	Date of Accident (yyyy/mm/dd):
If treatment was required due to accident, how did the accident happen?	

Do you, your spouse or dependents have any other Extended Health Insurance coverage, under which the expenses being claimed are eligible? ☐ Yes ☐ No

If Yes, Name of Other Insurance Company: _____ Group No. _____ Certificate No.: _____

If Yes, Name of Policyholder: _____ Spouse's Date of Birth: _____ yyyy/mm/dd

Attach all ORIGINAL receipts, copies will not be accepted
You must attach a copy of the "Explanation of Benefits" from your alternate carrier
NOTE: Photocopies of receipts will be allowed for Co-ordination of Benefit (COB) claims only

CLAIM SUMMARY

Patient Name	Date of Purchase or Service	Description/Type of Expense	Charge	FOR OFFICE USE ONLY
		TOTAL: $		

AUTHORIZATION AND CONSENT

I certify all information submitted is true and complete. I have not claimed and will not claim these expenses under any other insurance plan unless indicated above. I acknowledge my understanding of the purpose for which personal information is collected, used, and disclosed and consent to use of this information for myself and/or any covered dependent in accordance with the privacy protection practices of Pacific Rim Administration Services Ltd. or any other parties as required in order to administer and/or confirm the accuracy of this claim. I understand I may revoke my consent at any time. A photocopy of this authorization and consent shall be as valid as the original. This consent complies with federal and provincial privacy laws.

Signature of Claimant: _____ Date: _____

DIRECT DEPOSIT (for first request or if making a change, please include a VOID personal cheque)

☐ Register me ☐ Change my details ☐ Use my info on file

All correspondence will go to the address we have on file, unless otherwise indicated above.