studentcare .net/works

Dental Claim Form

Sun Life Financial

Approved by the Canadian Dental Association

Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential.

1 To be completed by Dentist

PATIENT

Last Name | Given Name

Address | Apt.

City | Prov. | Postal Code

DENTIST

Unique Number | Spec. | Patient's Office Account No.

Phone No.:

I hereby assign my benefits payable from this claim to the named dentist and authorize payment directly to him/her.

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 fee of $ is accurate and has been charged to me for services rendered. I authorize release of the information in this claim form to my insuring company / plan administrator.

Signature of Student **Mandatory**

Office Verification/Dentist's Signature

Date of Service Day	Month	Year	Procedure Code	Intl Tooth Code	Tooth Surfaces	Dentist's Fee	Laboratory Charge	Total Charges

This is an accurate statement of services performed and the total fee due and payable E & OE

TOTAL FEE SUBMITTED

For Plan Administrator Use Only

2 To be completed by Insured Student

You must complete this section.

Insured Student Information

Contract number: 22275

Student ID number

Group name: AMS Dental Plan

Last name | First name | ☐ Male ☐ Female | Date of birth (d/m/y)

Address (street number and name, apartment or suite) | City

Province | Postal code | Do you prefer correspondence in ☐ English ☐ French | Telephone number ( )

3 Spouse and Children Covered by this Claim

Complete only if claim is for your spouse or child.

Spouse's Full Name ☐ Male ☐ Female | Date of Birth (d/m/y)

Child's name	Relationship to you		Date of Birth				
	Son	Daughter	Day	Month	Year	Disabled	Full-time Student
	☐	☐				☐	☐

4 Co-ordination of benefits

Indicate if your Spouse and/or children has coverage under any other dental plan or contract.

Is your spouse and/or children covered for any of these expenses under any other dental plan or contract?

No ☐ Yes ☐▶ Spouse's date of birth (d/m/y): _____

If yes,:
- You must submit a claim for your spouse to his/her plan first.
- You must submit a claim for your child first under the plan of the parent with the earliest birthday (month and day) in the calendar year

If your spouse's plan is also with us: Contract Number _____ Member ID: _____

Do you want us to co-ordinate benefits (process both claims)? No ☐ Yes ☐▶

If yes, Spouse's Signature: X _____ Date (d/m/y) _____

5 Details of Claim

If the cost of your treatment will exceed the pre-determination limit in your benefit plan, you should send an estimate to Sun Life Assurance Company of Canada. To determine if you will be reimbursed for the treatment, have your dentist complete a Predetermination Form (available from your dentist).

1. Are any expenses the result of an accident? No ☐ Yes ☐▶ If yes, complete the following:

When and where did the accident occur (d/m/y): _____ Work ☐ Home ☐ Other ☐

How did the accident occur?

Are any expenses the result of a condition covered by a workers' compensation program? No ☐ Yes ☐

6 Authorization and Signature

You must complete this section.

Fraudulent claims are very costly for all participants in benefit plans. As Administrator of this plan, we may check the accuracy of the information given in support of your claim.

Note for Members: As part of the benefits payment and plan management process, we exchange information about claims with you, including claims for goods or services received by your spouse and dependents. This includes details such as the date of the claim, what the claim was for, and the amount of the claim. **Please ensure that your spouse and/or dependents are aware of, and consent to this process prior to submitting claims.**

I certify that all goods or services being claimed have been received by me, and if applicable, my spouse and/or dependents. I certify that the information in this form is true and complete and does not contain a claim for any expense previously paid for by this or any other plan.

I authorize Sun Life Assurance Company of Canada, its agents and service providers to use and exchange information about me, and if applicable, my spouse and/or dependents, needed for underwriting, administration and adjudicating claims under this Plan with any other person or organization who has relevant information pertaining to this claim including health professionals, institutions, investigative agencies, insurers and reinsurers. I understand that information pertaining to this claim may be reviewed in the event this Plan is audited.

If this claim is being made on behalf of my spouse and/or dependents, I am authorized to disclose information about them, for the purposes of underwriting, administration and adjudicating claims. I confirm that my spouse and/or dependents, if any, also authorize Sun Life Assurance Company of Canada to disclose information about their claims to me, for the purposes of assessing and paying a benefit, if any, and managing my group benefits plan.

I authorize Sun Life Assurance Company of Canada to disclose the information pertaining to this claim to studentcare.net/works for benefits administration.

I agree that a photocopy or electronic version of this authorization shall be as valid as the original.

Signature of Insured Student **(Mandatory)**	Date (d/m/y)
X	

Important:

All claims must be received by Sun Life Assurance Company of Canada no later than 90 days after the end of the policy year in which the claims were incurred or 90 days after the end of your coverage, whichever is sooner. For more information, refer to your booklet or get in touch with studentcare.net/works.
If you are under a treatment program which will involve a series of treatments for an extended period you should file a claim periodically and indicate on the claim form that it is part of an on-going treatment plan.

For details specific to your Plan, visit studentcare.net

Mail your completed form to:

Sun Life Assurance Company of Canada
PO Box 11805 Stn Centre-Ville
Montreal QC H3C 0H3

Please retain a copy of your claim form and receipts for your records.