



Group Health & Dental

Toll Free: 1-800-566-5559 ~ Ph: 902-365-5166 ~ Fax: 902-365-5141
service@dcmbenefits.com
260 Main Street, Wolfville, Nova Scotia B4P 1C4

HEALTH CLAIM FORM

Instructions

Attach a copy of the original receipts for all expenses and itemize them by providing all the information requested. Note: Drug receipts are part of our records and are not returned, therefore, retain a copy for your records. For dental claims, attach a generic dental claim form.

Important: \*\*Please answer all questions, this claim may be returned if incomplete or contains errors.
\*\*This form is not required when a drugstore, doctor or licensed professional direct bills your account

Employee Information (please print)

Company Name:
Employee Name:
Address if recently changed:

Coordination of Benefits

- Are you or any other member of your family entitled to benefits under another plan? Yes No
If "yes", name the family member insured Relationship to employee
Name of other Insurance Company Policy#

Patient Information: Complete for all expenses

Table with 7 columns: Patient Name, Relationship to Employee, Birth Date, Full Time Student Yes or No, Name of School/ College/University, Nature of Illness, Total Charge

I authorize release of any information or record requested in respect of this claim, to DCM benefits and certify that the information given is true, correct and complete to the best of my knowledge. Total Charge =

Personal information we collect from you will be used to determine your entitlement to benefits under this plan. DCM benefits is committed to protecting clients' privacy by practicing in accordance with "PIPEDA".
You can email your claim form with receipts as attachments, to service@dcmbenefits.com, or fax your documents to 902-365-5141 (without a fax cover page)
In order to process the claim form it must be dated and signed.
Remember to keep the original claim form and supporting documents for your records and/or a possible audit.

Do not send originals already sent electronically by mail. Falsifying or tampering with claim documents/receipts could have legal consequences.
Alternatively, you can mail your completed and signed form and supporting documents to:
DCM benefits 260 Main Street, Wolfville, Nova Scotia B4P 1C4

PLAN MEMBER'S SIGNATURE: DATE: Month Day Year

DCM benefits provides services for: Life, Disability, Critical Illness, Pensions, RRSP's, RRIF's, Annuities, Investments
Check this box if you would like a call regarding any of our service