

Providers: 604 419-2236

Toll-free: 1 888 419-2236

New claim

Pre-authorization

Mailing address:

PO Box 7000

Vancouver BC V6B 4E1

Street address:

4250 Canada Way

Burnaby BC

Re-submission

Adjustment

Patient – Part A

First name	Last name
Address	
City	
Province	Postal code
Patient's office account number	Claim number

Additional information

PAY PATIENT

Provider

PBC provider payment number 100415250 / Z412
Provider Name/Address/Phone Number Dr. Robert W. Elliott 4122 15th Avenue Prince George, BC V2M 1V9 (250)562-2113
Provider/authorized signature (or attach receipt showing payment for services)
Send payment to: <input type="checkbox"/> Provider <input checked="" type="checkbox"/> Member

Date of Service yyyy/mm/dd	Procedure Code	Description of Service	Tooth Code	Tooth Surfaces	Professional Fee	Lab Fee	Total Fee	PBC Use

Employee/Member

Policy number	Employer name		
ID number	Employee first name	Last name	Employee birth date (yyyy/mm/dd)

Patient – Part B

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 dental provider 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 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 dental provider.

Signature of patient (or parent/guardian)

Dependent number Patient birth date (yyyy/mm/dd)

Other Coverage

Complete this section if these services are covered by any other dental plan.

Name of insuring agency or carrier	Plan A – Basic	%
Name of other coverage holder	Plan B – Major	%
Birth date of other coverage holder (yyyy/mm/dd)	Plan C – Ortho	%
Policy number	ID number or Social Insurance Number	
Is any treatment required as a result of an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date and details separately.		