**Plan Administration Office Address**
45 McIntosh Drive
Markham, ON L3R 8C7
Phone: 1-800-668-7547 Fax: 1-905-946-2535
E-Mail: medical@boilermakersbenefits.ca

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# MEDICAL/GENERAL CLAIM FORM

# BOILERMAKERS' NATIONAL HEALTH PLAN (CANADA)

**All Claims must be submitted within 12 months of the date of service. The cost, if any, of obtaining this information is at the expense of the Patient/Plan Member.**

## PLAN MEMBER INFORMATION

| BOILERMAKERS' BENEFIT CARD ID NUMBER | SOCIAL INSURANCE NUMBER | MEMBER DATE OF BIRTH | |
|---|---|---|---|
| MEMBER LAST NAME | MEMBER FIRST NAME | TELEPHONE NUMBER | E-MAIL ADDRESS |
| STREET ADDRESS | CITY/PROVINCE | POSTAL CODE | |

## MANDATORY DECLARATION

**DO YOU HAVE ANY OTHER GROUP INSURANCE COVERAGE THAT MAY INCLUDE THESE SERVICES AS A BENEFIT?** ☐ **YES** ☐ **NO**

IF "YES", PLEASE PROVIDE INSURANCE COMPANY'S NAME: _____

**ARE EXPENSES DUE TO A MOTOR VEHICLE ACCIDENT?** ☐ **YES** ☐ **NO**

IF "YES", DATE OF ACCIDENT (D/M/YR): _____

**ARE EXPENSES DUE TO A WORK RELATED INJURY?** ☐ **YES** ☐ **NO**

IF "YES", DATE OF INJURY (D/M/YR): _____ IF "YES", WSIB/WCB CASE#: _____

## CLAIM DETAILS

| PATIENT'S NAME (Only include names of patients with receipts attached) | DATE OF BIRTH D/M/YR | | | PROFESSIONAL/ SUPPLIER'S NAME AND PROVIDER NUMBER | DATE OF CLAIM D/M/YR | | | TYPE OF EXPENSE | TOTAL AMOUNT CHARGED PER VISIT/ITEM |
|---|---|---|---|---|---|---|---|---|---|
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## SPECIAL NOTES FOR PRESCRIPTION DRUG CLAIMS ONLY

**TO FACILITATE CLAIMS PROCESSING:**

- Please note: Cash register receipts, credit card receipts and/or debit slips alone are insufficient. Official pharmacy receipts are required.
- Original receipts must contain patient's name, date of service, Rx number, drug name, quantity dispensed and Drug Identification Number (DIN)
- If injectable, please provide breakdown of quantity dispensed, drug cost and administration fees.

If the Claim is from OUT OF THE COUNTRY, please provide:

Name of Country Visited: _____ Currency Used: _____ Name of Drug: _____

## AUTHORIZATION

_____

**SIGNATURE OF PLAN MEMBER** **DATE**

**Privacy Statement: The Boilermakers' National Health Plan (Canada), the Boilermakers' National Pension Plan (Canada) (together called "the Plans"), their administrator Employee Benefit Plan Services Limited, and providers working with the Plans or administrator will collect, maintain, use and disclose only the information that is necessary for the administration of the Plans. Personal information will be protected pursuant to the applicable legislation. The Plans may collect, maintain, use and disclose personal information with relevant persons or organizations (employers, health benefit managers, health professionals, institutions, insurers, investigative agencies, legal counsel, other plans or unions, pharmacies, regulators, re-insurers) in order to manage the Plans and entitlement to the benefits of the Plans, and may include information such as financial, health or benefits related information. Questions related to the Privacy Statement should be directed to the Privacy Officer.**