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P.O. BOX 3300, STATION "B", MONTREAL (QUEBEC) H3B 4Y5
TEL.: 514-286-8430
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## FOR DENTIST'S USE



## PAYMENT

Should the refund be paid to the dentist? $\quad \square$ Yes $\quad \square$ No Subscriber's Initials
Are you covered by another dental care insurance? $\square$ Yes $\square$ No Is your spouse covered by another dental insurance? $\square$ Yes $\square$ No
If yes, insurer's name:
N.B.: The spouse who is covered by another dental care plan must first submit his(her) claim to his(her) insurer. Afterwards, provide Medavie Blue Cross with a detailed account of the benefits paid and a copy of the form submitted to his(her) insurer. Furthermore, claims for children must be submitted to the insurer of the parent (father or mother) whose birthday occurs first in the calendar year.

Was treatment rendered as the result of an accident? $\quad \square$ Yes $\quad \square$ No
If yes, date of the accident: $\qquad$ Place and circumstances:
If denture, crown or bridge, is this the initial placement? $\quad \square$ Yes $\quad \square$ No
If yes, date of extraction: __ Made by Dr
If no, date of prior placement: __ Made by Dr $\qquad$
Reason for replacement:
I certify that the information given is true and complete and I authorize the release of any information or records requested in respect of this claim to the Insurer.
$\qquad$

