



P.O. BOX 3300, STATION "B", MONTREAL (QUEBEC) H3B 4Y5 TEL.: 514-286-8430

FOR DENTIST'S USE

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AUTHORIZATION Understand that I am financially responsible to my dentist for the entire cost of the treatment. I authorize release of the information contained in this claim form to my insurance company or its agents. PAYMENT Should the refund be paid to the dentist? Yes No Subscriber's Initials Are you covered by another dental care insurance? Yes No Is your spouse covered by another dental insurance? Yes No Is your spouse covered by another dental care plan must first submit his(her) claim to his(her) insurer. Afterwards, provide Medavie Blue Cross with a defauled 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 submitted to his(her) insurer. Furthermore, claims for children must be submitted to the benefits paid and a copy of the form submitted to his(her) insurer. Furthermore, claims for children must be submitted to the benefits paid and a copy of the form submitted to his(her) insurer. Furthermore, claims for children must be submitted to the benefits paid and a copy of the form submitted to his(her) insurer. Furthermore, claims for children must be submitted to the benefits paid and a copy of the form submitted to his(her) insurer. Furthermore, claims for children must be submitted to the benefits paid and a copy of the form submitted to his(her) insurer. Furthermore, claims for children must be submitted to the benefits paid and a copy of the form submitted to his(her) insurer. Furthermore, claims for children must be submitted to the benefits paid and a copy of the form submitted to his(her) insurer. Furthermore, claims for children must be submitted to the benefits paid and a copy of the form submitted to his(her) insurer. Furthermore, claims for children must be submitted to the benefits paid and a copy of the form submitted to his(her) insurer. Furthermore, claims for children must be submitted to the benefits paid and a copy of the form submitted to his(her) insurer. Afterwards, prov	For	For dentiet's use only for additional information re: diagnosis, procedures or complications, and special considerations.																					
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Should the refund be paid to the dentist?																							
Are you covered by another dental care insurance?																							
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? Place and circumstances: If denture, crown or bridge, is this the initial placement? Yes No If yes, date of extraction: Made by Dr If no, date of prior placement: Made by Dr																							
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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.

_ Subscriber's Signature: _