

HEALTHCARE EXPENSES STATEMENT

INSTRUCTIONS: Attach the bills and receipts for all expenses and itemize them by providing all the information requested.

IMPORTANT: Please answer all questions. This claim will be returned to you if it is incomplete or contains errors. All claims under this group benefits plan are submitted through the plan member therefore; must be signed by the

member

SEND THIS CLAIM TO:



NB Pipe Trades Admin Office PO Box 910, Station A Fredericton, NB E3B 5B4

Phone: (506) 459-6040

PART 1 EMPLOYEE	INFORMATION				
GROUP NUMBER	LOCAL	PLAN NAME			
165578		New Brunswick Pipe Trades			
CERTIFICATE NUMBER		MEMBER/ EMPLOYEE NAME		DATE OF BIRTH (Day / Month / Year)	
ADDRESS: Street		Town	Province	Postal Code	
	Do you	require more forms? 🗆 🗅	es □ No		
PART 2 COORDINA					
Are you or any other r	nember of your fa	mily entitled to benefits under any otl	ner plan? 🗆 Yes 🗆	No	
If yes, name of family	member insured _		Relationship to employe	e	
Name of other insurar	ice company		Policy Num	ıber	
If yes to either questic	on above and the p	atient is a dependent child, please pro	ovide spouse's date of bir	Y / M / D	
Is treatment required	as the result of an	accident? □ Yes □ No If yes, give	date, location and explai	nation	
Is a claim being made	for Worker's Com	penstation Benefits? □ Yes □ No			
PART 3 CLAIM DET	AILS	Receipts must be submitted withi	n 12 months from the d	ate of service	
EXPENSES Patient	Number of			T . 161	
Name	Receipts	Type of Expense	Nature of Illness	Total Charge	
personal information concernists information is only for claims are made and for constain a printed copy of surfivacy Officer. Your claim information with your plar of the Group Benefits plar lawful remedies as we deed by signing below, you cert claim concerns your spous also authorize us to obtain	erning yourself and your the purposes of adjusted in ancillary purposes of Privacy Policy by war and your coverage man sponsor without furth must be repaid. Next mecessary. If that all the claims were or any dependent the and exchange information.	ortance you attach to maintaining your privature spouse and dependants (if any) will be condicating claims made by or on behalf such ples, all as set out in the NexgenRx Privacy Policy riting to us at 145 The West Mall, PO Box 11 may be denied or terminated if you provide father notification to you. Any monies or overpagenRx/NB Pipe Trades may deduct such money the set of the policy of the policy of the policy with respect to this claim with any personator or any privately or publicly funded beneficial to the policy funded beneficially as the policy of the	ersons and administering the cy published on our website at 0 U, Toronto, Ontario M8Z 5M lse, incomplete or misleading is ayments that you may owe in a nies from your future claim points information provided is true ersonal information to us for poin having such relevant inform	NB Pipe Trades and NexgenR benefit plan under which sur www.nexgenrx.com. You may 14, to the attention of our Chi information and we may shad accordance with the provision ayments or pursue such other and complete and if any sur urpose referred to above. You	
 Member's Signatu	ro		Date		