

Part 1 – Dentist

Dentist Information Name

Address Street

City Province Postal Code

Telephone No:
AREA CODE

Patient Information Name

Address Street

City Province Postal Code

Telephone No:
AREA CODE

Date of service			Int. Tooth Code	Procedure Code	Tooth Surfaces	Laboratory Charge	Dentist's Fee	Total Charge
Day D D	Month M M M	Year Y Y Y Y						
This is an accurate statement of services performed and fees charged E & OE						TOTAL SUBMITTED FEE →		

Are any dental benefits provided under any other private or government plan or policy?

No Yes

If yes, name of Plan/Company

Please do not forward x-rays, study models, or intra-oral photos unless requested by our office.

Dentist's Signature Date Day Month Year

I understand that the fees listed in this claim may not be covered by or may exceed my policy benefits. I understand that I am financially responsible to my dentist for the entire cost of the treatment, I authorize the release of the information contained in this claim form to my insuring company or agents. I also authorize the communication of information related to the coverage of services described in this form to the named dentist.

I hereby assign benefits payable from this claim to the above named dentist and authorize payment directly to the dentist.

Signature of the Patient (or parent/guardian)

Signature of subscriber

Part 2 – Supplementary Dental Report (Must be Completed in Full)

1. Description of damage: _____

2. Teeth involved in the Accident: _____

3. Were these teeth whole or sound prior to the accident? No Yes If "No" Please indicate: _____

4. Is further treatment indicated? No Yes If "No" Please indicate: _____

Int. Tooth Code	Treatment indicated – Use procedure code if possible	Est. Date – Treatment		
		Day D D	Month M M M	Year Y Y Y Y

5. Describe further potential problems and indicate the time frame: _____



IAP KIDS PLUS™ CLAIMS INFORMATION SHEET

This document addresses frequently asked questions about IAP Kids Plus™ Accident Insurance claims.

MEDICAL INJURY CLAIMS

- The IAP Kids Plus™ Accident Insurance Standard Claim form™ must be completed in full in order to process your claim. Please be sure to include the **Attending Physician's Statement** section which must be completed by the attending physician (MD) who first saw the insured within 30 days of the injury. Chiropractors, Physiotherapists, Registered Nurses, or any other service providers are **not eligible** to complete the form.
- In the event that the insured was initially seen in a hospital, a copy of the *Hospital Discharge Report* may be submitted instead of the Attending Physician's Statement.
- Claims for **Physiotherapy expenses** must be accompanied by the original receipts and the written referral from the attending physician recommending physiotherapy treatment.
- Claims for **Brace expenses** must be accompanied by the original receipts and the written referral from the attending physician indicating that the brace is required for therapeutic or curative purposes only.

DENTAL INJURY CLAIMS

- The IAP Kids Plus™ Accident Insurance Standard Claim form must be completed in full in order to process your claim. If claiming for dental injury, please be sure that both the **Part 1 & Part 2 Dentist** sections on Page 2 of the claim form are completed by the attending dentist who saw the insured within 60 days of the injury.
- If you have more than one insurance carrier, please note that we require a detailed *Explanation of Benefits* from your primary carrier along with the completed claim form including the specific dental procedure and tooth codes.

IMPORTANT

- The IAP Kids Plus™ Accident Insurance Standard Claim form must be filed with Industrial-Alliance *Pacific* Life Insurance Company ("IAP") within 90 days of the date of the injury, regardless of whether expenses have been incurred. Attach only original receipts for all eligible expenses being claimed.
- Please note that it is the responsibility of the parent to obtain and forward the completed claim form as indicated. Any charge incurred for its completion is also the responsibility of the parent.
- If you have more than one insurance carrier, benefits are coordinated. Please submit your expenses to your other insurance company first. Once you have received a copy of the explanation of benefits, please forward to IAP with copies of expenses.
- Please note: In providing this claim form for the convenience of the claimant, IAP does not admit any liability or waive any of the terms and conditions of the policy. Provision of this claim form does not indicate coverage. Only eligible claims will be paid.
- If you have any questions regarding coverage, your claim or require additional information, please contact our office at 1-800-556-7411 for instructions and information.

Return completed claim form to:

Industrial-Alliance *Pacific* Life Insurance Company
Claims Department, 2165 Broadway W, PO Box 5900, Vancouver, BC, V6B 5H6
Tel: 1-800-556-7411
www.iapkidsplus.com