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	NBPT office use only: Claim reference #:
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 ☐ **Yes** ☐ **No**

PART 2 COORDINATION OF BENEFITS

Are you or any other member of your family entitled to benefits under any other plan? ☐ Yes ☐ No

If yes, name of family member insured _____ Relationship to employee _____

Name of other insurance company _____ Policy Number _____

If yes to either question above and the patient is a dependent child, please provide spouse's date of birth: ____ / ____/ ____
Y / M / D

Is treatment required as the result of an accident? ☐ Yes ☐ No If yes, give date, location and explaination

_____

Is a claim being made for Worker's Compenstation Benefits? ☐ Yes ☐ No

PART 3 CLAIM DETAILS

Receipts must be submitted within 12 months from the date of service

EXPENSES

Patient Name	Number of Receipts	Type of Expense	Total Charge

At NexgenRx/NB Pipe Trades, we know the importance you attach to maintaining your privacy and the confidentiality of personal information. All such personal information concerning yourself and your spouse and dependants (if any) will be collected, used and disclosed by NB Pipe Trades and NexgenRx. This information is only for the purposes of adjudicating claims made by or on behalf such persons and administering the benefit plan under which such claims are made and for certain ancillary purposes, all as set out in the NexgenRx Privacy Policy published on our website at www.nexgenrx.com. You may obtain a printed copy of such Privacy Policy by writing to us at 145 The West Mall, PO Box 110 U, Toronto, Ontario M8Z 5M4, to the attention of our Chief Privacy Officer. Your claim and your coverage may be denied or terminated if you provide false, incomplete or misleading information and we may share information with your plan sponsor without further notification to you. Any monies or overpayments that you may owe in accordance with the provisions of the Group Benefits plan must be repaid. NexgenRx/NB Pipe Trades may deduct such monies from your future claim payments or pursue such other lawful remedies as we deem necessary.

By signing below, you certify that all the claims referred to in this form are genuine and that the information provided is true and complete and if any such claim concerns your spouse or any dependent that you have their consent to disclose their personal information to us for purpose referred to above. You also authorize us to obtain and exchange information with respect to this claim with any person having such relevant information including any health care provider, insurer, claims adjudicator or administrator or any privately or publicly funded benefit plan or program.

Member's Signature _____ Date _____