EXTENDED HEALTH CLAIM FORM

SUBMIT TO: 3227 Roblin Boulevard, Winnipeg MB R3R 0C2

INQUIRIES: 1.800.663.8833

The personal information we collect from you is kept in strict confidence and will be used to assess your claim.

Please read instructions on reverse before submitting this form.

1	**Member Information**	Group #	Firm #	Cert #	Telephone #
		Last Name		First Name	
		Mailing Address		City	Province / Postal Code
2	**Member Questions**	**Are you or your dependents entitled to benefits under any other plan?**		☐ yes ☐ no	Effective Date: DD / MM / YYYY
		If yes, please provide your spouse's name, date of birth and the name of the insurance company	Name	Date of Birth DD / MM / YYYY	Name of Insuring Co.
		Were any of the claimed services required as a result of an accident? Are you seeking damages from a third party?		☐ yes ☐ no	If yes, attach details.
3	**Claimed Expenses**	**If benefits are to be assigned to a specific Provider, please include an Letter of Assignment from the Provider with the member's original signature.**			
		Patient Name	**Date of Birth** DD / MM / YYYY	**Relationship to Member**	
		Service Type	**Service Date**	**Amount**	
			DD / MM / YYYY		
			DD / MM / YYYY		
			DD / MM / YYYY		
			DD / MM / YYYY		
		Patient Name	**Date of Birth** DD / MM / YYYY	**Relationship to Member**	
		Service Type	**Service Date**	**Amount**	
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		Service Type	**Service Date**	**Amount**	
			DD / MM / YYYY		
			DD / MM / YYYY		
			DD / MM / YYYY		
4	**Member Statement**	**I certify that I and/or my dependents incurred these expenses and that the information given is true, correct and complete to the best of my knowledge and that the attached receipts represent a claim for services. I authorize Sirius Benefit Plans, healthcare providers, Insurance or Reinsurance companies, administrators of benefit programs, other organizations and service providers to exchange personal information, as necessary, for the adjudication of the claims I submit and the administration of this benefit program. A photocopy of this is as valid as the original. If I submit a copy of this claim document I will retain all original receipts and documents for 3 years from the date of submission. I understand that Sirius Benefit Plans has the right to request these original receipts and audit this claim submission any time within the 3 years and may request reimbursement if it is found that any documentation is not complete or if the submission was inaccurate.**			
		Member Signature		Date signed DD / MM / YYYY	

5	**Instructions**	**If submitting a PAPER CLAIM you must enclose all original receipts. Keep a copy of the receipts for your records, as Sirius Benefit Plans DOES NOT RETURN RECEIPTS.** Photocopies of receipts are acceptable **only** if one the following situations applies: 1. If you are claiming expenses for your spouse and your spouse is covered under another health benefit plan, you must submit the claim to your spouse's plan first. 2. If both you and your spouse have health benefit coverage, your children must claim under the plan of the parent with the earliest birthday (month and day) in the calendar year. *(For example: If your birthday is May 1 and your spouse's is June 5, your children will claim under your plan first)*. 3. If you have submitted your original receipt to your other insurance company, please provide the following: • Photocopies of all invoices and paid-in-full receipts • The original statement from the other insurance company **If submitting a FAX OR SCANNED CLAIM VIA EMAIL, you must provide copies of all receipts and may retain the originals for your files. Sirius Benefit Plans reserves the right to audit all claims for 3 years from the date of submission so you must retain all original documentation for a minimum of 3 years.** If you have submitted your receipts to another insurance company first you must provide: • Photocopies of all invoices and paid-in-full receipts • The statement from the other insurance company Please refer to your Sirius Benefit Plan Star Card for your group policy and certificate numbers. All claims must be submitted with itemized statements and receipts, and must include: • Claimant's first and last name • Description of item purchased or service rendered • Date of each purchase or service • Amount charged for each purchase or service • Name, address and telephone number of supplier/provider Claims must be received in our office before the claiming deadline outlined in your benefit booklet. An Explanation of Benefits (EOB) statement indicating how the claim was assessed will be sent to the member. Please note that this EOB is the only document that will be issued regarding the adjudication of the claim. If copies of EOBs are requested an additional charge may be assessed for reproducing the EOBs. Eligible claims will be paid by cheque or by direct deposit to a bank account of your choosing. Payment may also be made to a provider if the payment was assigned. In order to authorize and request the direct depositing of claims you must complete and submit form titled Request for Automated Claim Reimbursement. This form can be found on our website, www.siriusbenefits.ca. **Hospital claims** must be submitted on a hospital claim form which is available from the hospital that provided the services. If any of these expenses are due to a medical emergency while you were outside of the province where you live, please contact Sirius Benefit Plans for additional information. There are services that may require the submission of additional information in order for the claim to be adjudicated. Please **refer to your benefit booklet** for your specific plan requirements. **Incomplete claim forms** may be returned for completion or delayed pending further information. Please ensure you complete all sections of the form prior to submission. For help completing this form or for more information on your plan, call us at 1.800.663.8833 or visit www.siriusbenefits.ca Mail your completed claims forms to: Health and Dental Claims Sirius Benefit Plans 3227 Roblin Blvd Winnipeg MB R3R 0C2 You can fax your claims to: (204) 488-6008 You can email a scanned copy of the claim to: info@siriusbenefits.ca