

Extended health claim form

Submit to: 1403 Kenaston Blvd., Winnipeg MB R3P 2T5
Scan and email to: claims.inquiries@siriusbenefits.ca
Fax: 204.488.6008
Inquiries: 1.800.663.8833

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

Please read instructions on reverse before submitting this form.

1	Plan member information	Group no.	Firm no.	Cert no.	Phone no.	
		Last name		First name		
		Mailing address			City	Province
2	Plan member questions	Are you or your dependants entitled to benefits under any other plan?		<input type="checkbox"/> Yes Effective date: DD / MM / YYYY <input type="checkbox"/> No		
		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?		<input type="checkbox"/> Yes If yes, attach details. <input type="checkbox"/> No		
3	Claimed expenses	If benefits are to be assigned to a specific provider, please include a letter of assignment from the provider with the member's original signature.				
		Patient name		Date of birth DD / MM / YYYY	Relationship to plan member	
		Service type		Service date DD / MM / YYYY	Amount	
				DD / MM / YYYY		
				DD / MM / YYYY		
				DD / MM / YYYY		
				DD / MM / YYYY		
		Patient name		Date of birth DD / MM / YYYY	Relationship to plan member	
		Service type		Service date DD / MM / YYYY	Amount	
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		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
4	Plan member statement	I certify that I and/or my dependants 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 Benefits, health care providers, insurance or insurance companies, administrators of benefit plans, 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 plan. 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 three years from the date of submission. I understand that Sirius Benefits has the right to request these original receipts and audit this claim submission any time within the three 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		

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5	<p>Instructions</p> <p>If submitting a paper claim form, you must include all original receipts. Keep a copy of the receipts for your records, as Sirius Benefits will not return the receipts. Photocopies of receipts are acceptable only if one of the following situations applies:</p> <ul style="list-style-type: none">• 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.• If both you and your spouse have health benefits 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.)• If you have submitted your original receipt to your other insurance company, please provide the following:<ul style="list-style-type: none">• Photocopies of all invoices and paid-in-full receipts• The original statement from the other insurance company <p>If submitting a fax or scanned claim by email, you must provide copies of all receipts and can keep the originals for your files. Keep the original documentation for a minimum of three years as Sirius Benefits reserves the right to audit all claims for up to three years from the date of submission. If you have submitted your receipts to another insurance company first you must provide:</p> <ul style="list-style-type: none">• Photocopies of all invoices and paid-in-full receipts• The statement from the other insurance company <p>Please refer to your Sirius Benefits Star Card for your group policy and certificate numbers.</p> <p>All claims must be submitted with itemized statements and receipts, and must include:</p> <ul style="list-style-type: none">• The claimant's first and last name• A description of item purchased or service provided• The date of each purchase or service• The amount charged for each purchase or service• The name, address and phone number of supplier/provider <p>Claims must be received in our office before the claiming deadline outlined in your benefit booklet.</p> <p>An Explanation of Benefits (EOB) statement indicating how the claim was assessed will be sent to the plan member. The 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 applied. Eligible claims will be paid by cheque or by direct deposit. Payment can be made to a provider if the payment was assigned.</p> <p>In order to authorize and request the direct deposit of claim payments, you must complete and submit a Request for automated claim reimbursement form which can be found on www.siriusbenefits.ca.</p> <p>Hospital claims must be submitted on a hospital claim form available from the hospital that provided the services. If expenses are due to a medical emergency while you were outside of the province where you live, please contact Sirius Benefits for additional information.</p> <p>There are services that may require the submission of additional information in order for the claim to be adjudicated. Please refer to your plan member booklet for your specific plan requirements. To avoid delays in processing your claim, please ensure all sections of the claim form are completed.</p> <p>For help completing this form or for more information on your plan, call us at 1.800.663.8833 or visit www.siriusbenefits.ca</p>
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