

For information, visit www.ihaveaplan.ca or call 1 877 795-4421

Mailing address:
PO Box 7000
Vancouver BC V6B 4E1

Street address:
4250 Canada Way
Burnaby BC

New claim
 Re-submission

Pre-authorization
 Adjustment

Patient – Part A

First name	Last name
Street address	
City	
Province	Postal code

Additional information

Provider

PBC provider payment number	
Provider first name	Last name
Street address	
City	Province
Postal code	Phone number (ten digits)
Provider/authorized signature (or attach receipts showing payment for services)	

Send payment to: Provider Member

Date of Service yyyy/mm/dd	Procedure Code	Description of Service	Tooth Code	Tooth Surfaces	Professional Fee	Lab Fee	Total Fee	PBC Use

Student

Group number D043979	Group name AMS/GSS Dental Plan		
Student's 8 digit ID number	Student first name	Last name	Student birthdate (yyyy/mm/dd)

Patient – Part B

I understand that the fees listed in this claim may not be covered by or may exceed my plan benefits. I understand that I am financially responsible to my dental provider for the entire treatment. I acknowledge that the total fee of _____ is accurate and has been charged to me for services rendered. I authorize release of the information contained in this claim form to my insuring company/plan administrator. I also authorize the communication of information related to the coverage of services described in this form to the named dental provider.

Signature of patient (or parent/guardian)

*Dependent number (see reverse) Patient birthdate (yyyy/mm/dd)

Other Coverage Complete this section if these services are covered by any other dental plan.

Name of insuring agency or carrier	Plan A – Basic %
Name of other coverage holder	
Birthdate of other coverage holder (yyyy/mm/dd)	
Group number	ID number
Is any treatment required as a result of an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date and details separately.	

How to Fill in this Dental Claim Form

If your dentist is not able to submit your claim directly to Pacific Blue Cross (PBC), you can fill in your dental claim form. Follow these guidelines to ensure all required information is included to prevent payment delays.

Required information about patient:

- Patient's full name
- Patient's dependent number and birthdate
 - *The 2-digit dependent number is:
 - 00 for the member (i.e. the student), 01 for the member's spouse, 02-79 for dependent children (oldest is 02, second oldest is 03, and so on), 90-99 for subsequent spouses
- Student's group and ID numbers
- Dentist's signature or authorization (or attach receipt)
- Dentist's name and PBC ID number
- Indicate if PBC should reimburse the student or the dentist
- Student's mailing address, if claim is to be paid out to member
- Information about additional dental coverage (with Pacific Blue Cross or with another carrier)

We also need information about the dental services that were performed. Ask your dentist to complete this section and include:

- Date of Service
- Procedure code or description of service
- Tooth numbers and surfaces (if applicable)
- Fee charged

Other Dental Plan Coverage

Photocopies of receipts are acceptable if one the following situations applies:

- If you are claiming expenses for your spouse and your spouse is covered under another dental plan, you must submit the claim to your spouse's plan first.
- If both you and your spouse have dental 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:

- Photocopies of all invoices and paid-in-full receipts
- The original statement from the other insurance company showing payment or denial of your claim.

How You Can Submit this Dental Claim Form

- Ask your dentist to send in your claim
- Mail your claim to: Pacific Blue Cross
PO Box 7000, Vancouver BC V6B 4E1
- Drop off your claim at 4250 Canada Way, Burnaby (we're at the corner of Canada Way and Gilmore)



Secure, 24/7 online access to benefit
and claims information for members



View a summary of your health or dental plan

- Inquire about your claim history
- Download claim forms
- Enrol for direct deposit and online claims statements

www.pac.bluecross.ca