



**Plan Administration
Office Address**

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MEDICAL/GENERAL CLAIM FORM

BOILERMAKERS' NATIONAL HEALTH AND WELFARE PLAN (CANADA)

All Claims must be submitted within 12 months of the date of service. The cost, if any, of obtaining this information is at the expense of the Patient/Plan Member.

PLAN MEMBER INFORMATION

BOILERMAKERS' BENEFIT CARD ID NUMBER	SOCIAL INSURANCE NUMBER	MEMBER DATE OF BIRTH	
MEMBER LAST NAME	MEMBER FIRST NAME	TELEPHONE NUMBER	E-MAIL ADDRESS
STREET ADDRESS	CITY/PROVINCE	POSTAL CODE	

MANDATORY DECLARATION

DO YOU HAVE ANY OTHER GROUP INSURANCE COVERAGE THAT MAY INCLUDE THESE SERVICES AS A BENEFIT? YES NO

IF "YES", PLEASE PROVIDE INSURANCE COMPANY'S NAME: _____

ARE EXPENSES DUE TO A MOTOR VEHICLE ACCIDENT? YES NO

IF "YES", DATE OF ACCIDENT (D/M/YR): _____

ARE EXPENSES DUE TO A WORK RELATED INJURY? YES NO

IF "YES", DATE OF INJURY (D/M/YR): _____ IF "YES", WSIB/WCB CASE#: _____

CLAIM DETAILS

PATIENT'S NAME (Only include names of patients with receipts attached)	DATE OF BIRTH			PROFESSIONAL/ SUPPLIER'S NAME AND PROVIDER NUMBER	DATE OF CLAIM			TYPE OF EXPENSE	TOTAL AMOUNT CHARGED PER VISIT/ITEM
	D	M	YR		D	M	YR		

SPECIAL NOTES FOR PRESCRIPTION DRUG CLAIMS ONLY

TO FACILITATE CLAIMS PROCESSING:

- Please note: Cash register receipts, credit card receipts and/or debit slips alone are insufficient. Official pharmacy receipts are required.
- Original receipts must contain patient's name, date of service, Rx number, drug name, quantity dispensed and Drug Identification Number (DIN)
- If injectable, please provide breakdown of quantity dispensed, drug cost and administration fees.

If the Claim is from OUT OF THE COUNTRY, please provide:

Name of Country Visited: _____ Currency Used: _____ Name of Drug: _____

AUTHORIZATION

SIGNATURE OF PLAN MEMBER **DATE**

Privacy Statement: The Plan will collect, maintain and communicate only the Personal Information considered necessary for the administration of the Plan. Personal information will be protected pursuant to applicable legislation. The Plan may use and exchange information with relevant persons or organizations (health professionals, institutions, investigative agencies, unions, regulators, legal counsel, actuaries etc.) in order to manage the Plan and your entitlement to the Benefits of the Plan.

Questions related to the Privacy Policy of the Plan should be direct to the Plan Administration Office at 1-800-668-7547