beneva

Claim form
Health insurance

Instructions

Complete the form
1. Attach original invoices to the claim form. They will not be returned.
2. Meet the contract deadlines.

Submit the form
1. In the Client Centre at beneva.ca
2. By mail: CP 11051, succ Sainte-Foy, Québec QC G1V 0K1

Customer service
1. 1 888 235-0606
2. The Client Centre's *Contact Us* section

1. Plan member's information

Group number | Certificate/Identification number | Email

Last name | First name

Address (No.) | Street | Apt.

City | Province | Postal code | Telephone

2. Patient information

Last name	First name	Date of birth	Sex	Relationship to plan member
		Y Y Y Y M M D D	☐ F ☐ M	☐ Spouse ☐ Dependent child
		Y Y Y Y M M D D	☐ F ☐ M	☐ Spouse ☐ Dependent child

3. Other health insurance coverage

Are the expenses covered by another insurance plan? ☐ No ☐ Yes

If so → Name of the insurance company: _____

Type of coverage: ☐ Family ☐ Individual ☐ Single-Parent ☐ Couple

4. Expenses subsequent to an accident

Were the expenses incurred subsequent to an accident? ☐ No ☐ Yes

If so → What type of accident? ☐ Work ☐ Motor vehicle ☐ Other _____

Name of the injured person: _____ Date of the accident: Y Y Y Y M M D D

5. Health spending account

Do you wish to use your health spending account to cover the portion of claimed expenses that are not reimbursed? ☐ No ☐ Yes

6. Protection of Personal Information

Protecting your personal information is a priority for Beneva. To find out more about our practices, please consult the *Privacy statement* located at **beneva.ca**.

7. Statement

I authorize any healthcare professional and intervening party in the field of health, rehabilitation professional, healthcare service provider, public or private health or social services institution, private, public or parapublic agency, insurance or reinsurance company, employer or former employer, policyholder, information agency as well as any person or entity likely to be holding personal information about me, particularly medical records, to communicate it to Beneva Inc. when it is required for administering my claims. I acknowledge having obtained consent from any other people included in this request for Beneva Inc. to gather, use and communicate their personal information.
I declare that the information provided on this form is true and complete.

X _____ Y Y Y Y M M D D

Signature: Date