

HCSA CLAIM EXPENSES ARE REIMBURSED IN THEIR ENTIRETY, DEPENDING ON THE AVAILABLE CREDITS. REQUESTS FOR PARTIAL REIMBURSEMENTS CANNOT BE ACCOMMODATED.

SEND THIS CLAIM TO:

Questions? Call Toll Free: 1.800.957.9777

London Benefit Payments
255 Dufferin Avenue
London ON N6A 4K1



For the deaf or hard of hearing:
Toll Free: 1.800.990.6654

**DENTAL CLAIM FORM
COMPLETION — CHECK LIST**

- 1) HAS THE EMPLOYEE SIGNED THE CLAIM FORM – SIDE 1?
- 2) HAS THE PROVIDER OF SERVICE SIGNED THE CLAIM FORM?
- 3) HAS ALL THE NECESSARY CLAIM FORM DOCUMENTATION BEEN ATTACHED TO THIS CLAIM FORM? SUCH AS:
 - GREAT-WEST LIFE OR OTHER INSURER'S EXPLANATION OF BENEFITS, (WHERE INSURER HAS ALREADY PROCESSED OR PAID SOME PORTION OF THE CLAIM)
 - PAYMENT MAY BE DELAYED IF THIS FORM IS NOT FULLY COMPLETED.