

MEDICAL EXPENSE CLAIM FORM

- INSTRUCTIONS 1. Complete this form for all medical expenses and services. For dental expenses, complete the Dental Expense Claim Form.
 - 2. Print clearly and ensure that all required sections are completed. An incomplete form may result in a delay in processing.
 - 3. Attach the original receipt for each expense claimed and retain a copy for your records.

4. Sign and date the form and return to Coughlin & Associates Ltd. for processing.

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E-mail: winnclaims@coughlin.ca www.coughlin.ca

1. PLAN MEMBER INFORMATION Plan sponsor/Group name					Member ID/PIN			
ember last name Member first name			Memb	ember middle initial Sex □Male □Female			Date of birth (yyyy/mm/dd)	
Mailing address			City			Province)	Postal code
Email address Primary telephone			Secor	ndary telephone		Langua corresp	ge of ondence	□English □French
2. COORDINATION OF BENEF	FITS How to submit a clain	n when there a	are two p	lans				
 Send your claims to your own polar claim any unpaid amount. Send your spouse's claims to the send your children's claims fire 	plan first. When you receive their plan first, then send a co	your explanation	on of bene	fits, send it alon of benefits and re	eceipts to your p	olan.	to your spo	use's plan to
Are any of the expenses associate If yes, submit these expenses to		•		rs' compensation	n benefits?	□Yes □No		
Are any health benefits or services If yes, who is the member of this						☐Yes ☐No Relationship t		nber
If your other benefit plan is with Co	oughlin, do you want us to pro	ocess the clain	n through	both benefit plan	ns? □Yes □	No If yes, cor	nplete the f	ollowing.
Plan sponsor/Group name			First nam				Signature	
3. CLAIM INFORMATION For diagnosis and a copy of the					from the presc	ribing physic	ian is requ	ired, including
Patient last name	Patient first name	Type of exp	oense	Date of birth (yyyy/mm/dd)	Relationship t	o Full-time student	Disabled child	Amount claimed
		□Vision	Other			□Yes □No	□Yes □No	\$
		□Vision	Other			□Yes □No	□Yes □No	\$
		□Vision	Other			□Yes □No	□Yes □No	\$
		□Vision	Other			□Yes □No	□Yes □No	\$
4. VISION CARE EXPENSES	Complete only if submitting	g a vision car	e expense	9				
Is this a new prescription? □Yes	Check one (if app			nal safety glasse n sunglasses		esult of catarac mendation)	t surgery (a	attach physician's
5. HEALTH CARE SPENDING	ACCOUNT Complete only	if you have th	his benefi	t				
I confirm that I am eligible for a reinmy claim using the co-ordination of				alth Care Spend	ing Account (HC	CSA). I unders	tand that I	must first submit
☐ I do not wish to use my HCS/	A ☐ I wish t	to use my HCS	SA to cove	r the expenses t	that are not rein	bursed under	my group i	nsurance plan
6. OTHER INFORMATION								
Attach your original receipts to this of your receipts are sufficient for co								
I authorize Coughlin & Associates Ltd care providers; companies affiliated wemployers or former employers; my lunderwriting and for determining plar on their behalf. I agree that a photocof my knowledge.	d. ("Coughlin") to collect, use, r with Coughlin; financial institution local union; plan trustees and a n eligibility (as applicable). Whe	ons; governmen auditors for the p en providing per	nt agencies ourposes of sonal infor	; insurance comp f plan administrat mation for my spo	panies and their ration, audit, asses ouse and/or depe	einsurers and/o sment, investiga endants, I confir	or service pro ation, claim m that I am	oviders; management, authorized to act
Member signature					Date (yyyy/mm/dd)			
Protecting your personal informatic confidential, accurate and secure. What authorized by us. Personal informatic Coughlin who require access to performation administer the plan. You may exercise	Then personal information is pro on is kept in a secure environm orm their duties, to persons to v	ovided to us, we ent. We limit ac whom you have	establish a cess to pe granted ac	a confidential file rsonal information occess, and to personal information	that is kept in ou n in your file to C sons authorized I	r office, or the coughlin staff or by law. We use	ffice of an o persons aut the persona	organization chorized by al information to

sending a written request to Coughlin. For information on our Privacy Policy, visit our website at www.coughlin.ca, or send a written request to our Privacy Officer by mail or

by email at privacy@coughlin.ca.