



# HEALTHCARE EXPENSES STATEMENT

**SEND THIS CLAIM TO:**



NB Pipe Trades Admin Office  
PO Box 910, Station A  
Fredericton, NB E3B 5B4

Phone: (506) 459-6040

**INSTRUCTIONS:** Attach the bills and receipts for all expenses and itemize them by providing all the information requested.

**IMPORTANT:** Please answer all questions. This claim will be returned to you if it is incomplete or contains errors. All claims under this group benefits plan are submitted through the plan member therefore; **must be signed by the member**

## PART 1 EMPLOYEE INFORMATION

GROUP NUMBER 165578	LOCAL	PLAN NAME New Brunswick Pipe Trades		
CERTIFICATE NUMBER		MEMBER/ EMPLOYEE NAME		DATE OF BIRTH (Day / Month / Year)
ADDRESS: Street		Town	Province	Postal Code

Do you require more forms?  Yes  No

## PART 2 COORDINATION OF BENEFITS

Are you or any other member of your family entitled to benefits under any other plan?  Yes  No

If yes, name of family member insured \_\_\_\_\_ Relationship to employee \_\_\_\_\_

Name of other insurance company \_\_\_\_\_ Policy Number \_\_\_\_\_

If yes to either question above and the patient is a dependent child, please provide spouse's date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Y / M / D

Is treatment required as the result of an accident?  Yes  No If yes, give date, location and explanation \_\_\_\_\_

Is a claim being made for Worker's Compensation Benefits?  Yes  No

## PART 3 CLAIM DETAILS

**Receipts must be submitted within 12 months from the date of service**

### EXPENSES

Patient Name	Number of Receipts	Type of Expense	Nature of Illness	Total Charge

At NexgenRx/NB Pipe Trades, we know the importance you attach to maintaining your privacy and the confidentiality of personal information. All such personal information concerning yourself and your spouse and dependants (if any) will be collected, used and disclosed by NB Pipe Trades and NexgenRx. This information is only for the purposes of adjudicating claims made by or on behalf such persons and administering the benefit plan under which such claims are made and for certain ancillary purposes, all as set out in the NexgenRx Privacy Policy published on our website at [www.nexgenrx.com](http://www.nexgenrx.com). You may obtain a printed copy of such Privacy Policy by writing to us at 145 The West Mall, PO Box 110 U, Toronto, Ontario M8Z 5M4, to the attention of our Chief Privacy Officer. Your claim and your coverage may be denied or terminated if you provide false, incomplete or misleading information and we may share information with your plan sponsor without further notification to you. Any monies or overpayments that you may owe in accordance with the provisions of the Group Benefits plan must be repaid. NexgenRx/NB Pipe Trades may deduct such monies from your future claim payments or pursue such other lawful remedies as we deem necessary.

By signing below, you certify that all the claims referred to in this form are genuine and that the information provided is true and complete and if any such claim concerns your spouse or any dependent that you have their consent to disclose their personal information to us for purpose referred to above. You also authorize us to obtain and exchange information with respect to this claim with any person having such relevant information including any health care provider, insurer, claims adjudicator or administrator or any privately or publicly funded benefit plan or program.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_