

If you have questions, please contact us.

Have your plan number and ID handy!

Benefit Payment Office
PO Box 3050 Station Main
Winnipeg MB R3C 0E6
Tel 1.800.957.9777



1 Premier Dental Clinic
54 Dental Avenue
Winnipeg MB R5Y 2X0

2 Date: March 6, 2015
3 **4** Payment No: 16598977
Canada Life Account No: 1234567890

A payment has been issued for claims processed since your last statement. Claim details relating to this payment are provided in the enclosed statement.

DIRECT DEPOSIT ADVICE

The amount of \$1,296.53 will be deposited directly into your account.

With normal bank clearing procedures the deposit will appear in your account within the next few days.

NOT NEGOTIABLE


NOT NEGOTIABLE

Sample notice of direct deposit and benefit statement

- 1** This is a sample notice of a direct deposit, using a fictitious name and address for the payee.
- 2** Date the statement and payment were issued.
- 3** The Payment No. is the direct deposit number. If you received payment by cheque, this would be the Cheque No.
- 4** Payee's unique identification number assigned by Canada Life.



Sample notice of direct deposit and benefit statement



5

Statement

Payment No: 16598977

Date: March 6, 2015

Page: 1 of 2

7

Total paid to Premier Dental Clinic

8

\$ 1,296.53

CAD

9

Dr. Susan Smith

10

54 Dental Avenue, Winnipeg

11

Registration No. 000000793

Location No. 0255

12

Total Paid \$ 624.65

13

14

Plan: 12345

ID: E000000011

15

| Patient First Name | Patient Last Name | Reference Number | Service Date | Service Description | Tooth Number(s) | Submission Type | Submitted Expense | Eligible Expense | Other Insurance | Deductible Applied | Payable At | Amount Paid | Notes |
|--------------------------|-------------------|------------------|--------------|---------------------|-----------------|-----------------|---|------------------|-----------------|--------------------|------------|-------------|-------|
| Jane | Anderson | 559797 | Mar 2, 2015 | Dental Exam (01202) | | Electronic | 31.60 | 30.70 | 0.00 | 0.00 | 100% | 30.70 | 56 |
| Jane | Anderson | 559797 | Mar 2, 2015 | Polishing (11101) | | Electronic | 36.00 | 36.00 | 0.00 | 0.00 | 100% | 36.00 | |
| Sub-totals | | | | | | | \$67.60 | \$66.70 | \$0.00 | \$0.00 | | \$66.70 | |
| Notes: 56 | | | | | | | We calculated benefits using the fee guide specific in your plan. | | | | | | |
| Totals for ID E000000011 | | | | | | | \$67.60 | \$66.70 | \$0.00 | \$0.00 | | \$66.70 | |

14

Plan: 66543

ID: E121212121

15

| Patient First Name | Patient Last Name | Reference Number | Service Date | Service Description | Tooth Number(s) | Submission Type | Submitted Expense | Eligible Expense | Other Insurance | Deductible Applied | Payable At | Amount Paid | Notes |
|--------------------------|-------------------|------------------|--------------|--------------------------|-----------------|-----------------|--|------------------|-----------------|--------------------|------------|-------------|-------|
| Mary | Doe | 226987 | Mar 4, 2015 | Basic Filling(s) (23321) | 11 | Electronic | 141.20 | 50.00 | 0.00 | 0.00 | 100% | 50.00 | 58 |
| Sub-totals | | | | | | | \$141.20 | \$50.00 | \$0.00 | \$0.00 | | \$50.00 | |
| Notes: 58 | | | | | | | This person's maximum benefit has been paid. | | | | | | |
| Hillary | Doe | 226987 | Mar 4, 2015 | Dental Exam (01202) | | Electronic | 31.60 | 31.60 | 0.00 | 25.00 | 100% | 6.60 | |
| Sub-totals | | | | | | | \$31.60 | \$31.60 | \$0.00 | \$25.00 | | \$6.60 | |
| Totals for ID E121212121 | | | | | | | \$172.80 | \$81.60 | \$0.00 | \$25.00 | | \$56.60 | |

14

Plan: 88888

ID: E000000333

15

| Patient First Name | Patient Last Name | Reference Number | Service Date | Service Description | Tooth Number(s) | Submission Type | Submitted Expense | Eligible Expense | Other Insurance | Deductible Applied | Payable At | Amount Paid | Notes |
|--------------------------|-------------------|------------------|--------------|----------------------|-----------------|-----------------|-------------------|------------------|-----------------|--------------------|------------|-------------|-------|
| Jamie | Jamieson | 26449 | Mar 5, 2015 | Crown(s) (27211) | 27 | Paper | 702.70 | 702.70 | 0.00 | 0.00 | 50% | 351.35 | |
| Jamie | Jamieson | 26449 | Mar 5, 2015 | Lab or Materials Fee | | Paper | 300.00 | 300.00 | 0.00 | 0.00 | 50% | 150.00 | |
| Sub-totals | | | | | | | \$1,002.70 | \$1,002.70 | \$0.00 | \$0.00 | | \$501.35 | |
| Totals for ID E000000333 | | | | | | | \$1,002.70 | \$1,002.70 | \$0.00 | \$0.00 | | \$501.35 | |

This statement contains confidential information and is provided for administrative purposes only.

- 5
- This is a sample statement, using fictitious names and addresses. The Payment No. is the direct deposit number – the same number from the previous page (or Cheque No. if payment was made by cheque).
- 6
- Date the statement was issued (same as the previous page).
- 7
- The payee’s name.
- 8
- The total dollar amount paid to the payee for the payment period.
- 9
- The first provider’s name. Since the payee is a clinic with multiple providers, the statement includes a breakdown by provider.
- 10
- Provider’s address or store number.
- 11
- Identification number assigned by TELUS.
- 12
- Work location identification number assigned by TELUS.
- 13
- Total dollar amount paid for claims by the first provider.
- 14
- Plan member’s Canada Life group policy number. The statement includes clearly separated information for each plan member.
- 15
- Plan member’s Canada Life identification number.

Sample notice of direct deposit and benefit statement

16

canada

life

TM

Statement

Payment No: 16598977

Date: March 6, 2015

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16

Dr. Roger Riverton

54 Dental Avenue, Winnipeg

Registration No. 000000793

Location No. 0255

Total Paid \$ 671.88

17

Plan: 12345

ID: E000000011

| Patient First Name | Patient Last Name | Reference Number | Service Date | Service Description | Tooth Number(s) | Submission Type | Submitted Expense | Eligible Expense | Other Insurance | Deductible Applied | Payable At | Amount Paid | Notes |
|--------------------------|-------------------|------------------|--------------|---------------------|-----------------|-----------------|-------------------|------------------|-----------------|--------------------|------------|-------------|-------|
| Jeremy | Anderson | 4477 | Mar 3, 2015 | Dental Exam (01202) | | Electronic | 31.60 | 31.60 | 15.80 | 0.00 | 80% | 15.80 | |
| Jeremy | Anderson | 4477 | Mar 3, 2015 | Polishing (11101) | | Electronic | 36.00 | 36.00 | 18.00 | 0.00 | 80% | 18.00 | |
| Sub-totals | | | | | | | \$67.60 | \$67.60 | \$33.80 | \$0.00 | | \$33.80 | |
| Mavis | Anderson | 4477 | Mar 3, 2015 | Dental Exam (01202) | | Electronic | 31.60 | 31.60 | 0.00 | 0.00 | 80% | 25.28 | |
| Mavis | Anderson | 4477 | Mar 3, 2015 | Polishing (11101) | | Electronic | 36.00 | 36.00 | 0.00 | 0.00 | 80% | 28.80 | |
| Sub-totals | | | | | | | \$67.60 | \$67.60 | \$0.00 | \$0.00 | | \$54.08 | |
| Melanie | Anderson | 4477 | Mar 3, 2015 | Dental Exam (01202) | | Electronic | 31.60 | 31.60 | 0.00 | 0.00 | 80% | 25.28 | |
| Melanie | Anderson | 4477 | Mar 3, 2015 | Polishing (11101) | | Electronic | 36.00 | 36.00 | 0.00 | 0.00 | 80% | 28.80 | |
| Sub-totals | | | | | | | \$67.60 | \$67.60 | \$0.00 | \$0.00 | | \$54.08 | |
| Totals for ID E000000011 | | | | | | | \$202.80 | \$202.80 | \$33.80 | \$0.00 | | \$141.96 | |

Plan: 51111

ID: E000119999

| Patient First Name | Patient Last Name | Reference Number | Service Date | Service Description | Tooth Number(s) | Submission Type | Submitted Expense | Eligible Expense | Other Insurance | Deductible Applied | Payable At | Amount Paid | Notes |
|--------------------------|-------------------|------------------|--------------|--------------------------|-----------------|-----------------|---|------------------|-----------------|--------------------|------------|-------------|-------|
| Johnny | Simple | 99088 | Mar 6, 2015 | Basic Filling(s) (23321) | 22 | Electronic | 141.20 | 137.20 | 0.00 | 25.00 | 90% | 100.98 | 56 |
| Johnny | Simple | 99088 | Mar 6, 2015 | Basic Filling(s) (23323) | 36 | Electronic | 245.20 | 238.30 | 0.00 | 0.00 | 90% | 214.47 | 56 |
| Johnny | Simple | 99088 | Mar 6, 2015 | Basic Filling(s) (23323) | 46 | Electronic | 245.20 | 238.30 | 0.00 | 0.00 | 90% | 214.47 | 56 |
| Sub-totals | | | | | | | \$631.60 | \$613.80 | \$0.00 | \$25.00 | | \$529.92 | |
| Notes: 56 | | | | | | | We calculated benefits using the fee guide specific in your plan. | | | | | | |
| Totals for ID E000119999 | | | | | | | \$631.60 | \$613.80 | \$0.00 | \$25.00 | | \$529.92 | |

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- The second provider’s name. Since the payee is a clinic with multiple providers, the statement includes a breakdown by provider.
- 17
- Total dollar amount paid for claims by the second provider.