

PART 1 DENTIST

Form section for Part 1 Dentist, including fields for Unique No., Spec., Patient's Office Account No., Patient Last Name, Given Name, Address, City, Prov., Postal Code, Dentist Name, Phone No., and Signature of Subscriber.

Table with columns: DATE OF SERVICE (DAY, MO., YR.), PROCEDURE CODE, INTL. TOOTH CODE, TOOTH SURFACES, DENTIST'S FEE, LABORATORY CHARGE, TOTAL CHARGES.

INSTRUCTIONS section containing numbered instructions, contact information for Winnipeg Benefit Payments, and a TTY/Voice contact number.

THIS IS AN ACCURATE STATEMENT OF SERVICES PERFORMED AND THE TOTAL FEE DUE AND PAYABLE, E. & O.E. TOTAL FEE SUBMITTED

PART 2 STUDENT INFORMATION

Form section for Part 2 Student Information, including fields for Plan Number, Division Number, Student Identification Number, Student Name, Date of Birth, and Student Address.

PART 3 COORDINATION OF BENEFITS

Form section for Part 3 Coordination of Benefits, containing numbered questions about patient relationship, other insurance, and accident details.