



Bigstone Health Benefits
16310 100 Avenue
Edmonton, Alberta T5P 4X5

Vision: To revive, strengthen and protect members' treaty rights to health and to enhance the quality of life of members and others living in Bigstone traditional lands.

Bigstone Health Benefits encourages you to visit providers who bill to Bigstone Health Benefits directly. However, if you choose a provider that is not registered with Bigstone Health Benefits you will be asked to pay for the items or services upfront and then submit all necessary documentation to the Bigstone Health Benefits program to be considered for reimbursement. To be sure that the product you are purchasing is a covered item we urge you to call a Bigstone Health Benefits Adjudicator beforehand. Remember that your provider and health professionals may charge more than the amount that is covered by Bigstone Health Benefits, which means that you would not be reimbursed the full amount you paid.

REIMBURSEMENT FORM INSTRUCTIONS

- You have **one year** from the date of service to apply for reimbursement
- Complete and sign the reimbursement form
- Complete a separate reimbursement form for each benefit (e.g. dental receipts on one form and pharmacy receipts on separate form)
- If the person requesting the reimbursement is different from the client please complete payee information section. Payee must be 18 years of age or older.
- You can obtain payment by direct deposit. Complete the Electronic Transfer Form and submit with reimbursement form and supporting documentation. Otherwise a cheque will be issued.

SUPPORTING DOCUMENTATION

- Provide original receipt(s) as proof of payment
- If you have other health coverage, please submit the detailed statement or explanation of benefits from the health plan.

Pharmacy:

- ✓ Official prescription receipt(s)

Medical Supplies & Equipment:

- ✓ Copy of prescription
- ✓ Contact Bigstone Health Benefits Medical Supplies Adjudicator to confirm if additional documentation is required

Vision:

- ✓ Copy of optometrist prescription

Dental:

- ✓ Standard Dental Claim Form



BIGSTONE HEALTH BENEFITS CLIENT REIMBURSEMENT FORM

16310 100 Avenue Edmonton, AB T5P 4X5

PLEASE SUBMIT TO THE ABOVE ADDRESS WITH PROOF OF PAYMENT AND SUPPORTING DOCUMENTATION ATTACHED

CLIENT INFORMATION

SURNAME FIRST NAME TREATY # DOB (MM/DD/YYYY)

PHONE NUMBER FULL ADDRESS

*if client is under one year old and not registered please provide parents:

SURNAME FIRST NAME TREATY # DOB (MM/DD/YYYY)

PAYEE INFORMATION (IF REIMBURSEMENT IS BEING CLAIMED BY SOMEONE OTHER THAN THE CLIENT)

PAYEE NAME FULL ADDRESS

PHONE NUMBER RELATIONSHIP TO CLIENT

CLAIM INFORMATION

BENEFIT TYPE (SELECT ONE): PHARMACY MEDICAL SUPPLIES & EQUIPMENT VISION
 DENTAL MENTAL HEALTH COUNSELLING

| DATE OF SERVICE | ITEM DESCRIPTION | AMOUNT CLAIMED | AMOUNT PAID FOR OFFICE USE ONLY |
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***PLEASE NOTE THAT ALL FEES ARE PAID IN ACCORDANCE WITH NIHB FEE GUIDELINES**

I certify that these items or services were received by me and that no parts of these costs were paid under another plan or coverage.

Clients Signature

Date

FOR OFFICE USE ONLY

Total Amount Authorized: _____

Authorizing Officer Signature

Authorizing Code

Date