SSQ Financial Group

P.O. Box 10500, station Sainte-Foy, Quebec, QC, G1V 4H6
P.O. Box 5, Suite 400, 1550 5th Street SW, Calgary, AB 1

A C A FO

ate o Ser ice	Proce ure Co e	nt l ooth Co e	ooth Sur aces	Pro ider s Fee	aboratory Charges	otal Charges	Allo e A ount	Co e

his is an accurate state ent o ser ices er or e and the total ee ue and ayable.

O A F S B

Pro ider Signature _____ ate _____

S C O S FO C A S B SS O

Please care ully fill in all ertinent areas and sign the co lete or . e er to SSQ entification Car or correct atient in or ation . nco lete or incorrect clai or s ill be returne or re ecte and ill result in a elay in rei burse ent.

PA - PA C PA

All clai s ust be sub itte ithin 1 onths o the ate o ser ice.

Partici ant s a e Please Print

ast a e First a e

SSQ Certificate u ber

Partici ant s ate o Birth

PA - PA FO A O

Patient s a e Please rint

e e a e a e

ast a e First a e

Patient s ate o Birth

atient : e ationshi to an e ber

Is any trea ent re ire ast he res t of an a i ent f es ease o et he ent a i ent e o f or