

ANISHI NABE FINANCIAL – Health, Dental & Vision Claim



PH : 204-231-4371
FX : 204-231-4628
TF : 1-866-660-1466
EM : afinancial@mymts.net

PLAN NAME: FIRST NATION "TOP-UP" GROUP BENEFIT PROGRAM

EMPLOYER : _____

EMPLOYEE : _____

ADDRESS : _____

PHONE : _____

EMAIL : _____

D.O. B. : _____

Has your Address Changed?

New Mailing Address: _____

City, Province : _____

Postal Code : _____

Phone : _____

Email : _____

Tell us about your claim by completing all applicable sections

Patient(s) Name	Date of Birth month/day/year	Relationship to employee	Patient lives with you? Yes/No	Date expense incurred month/day/year	Traditional Healer Expense Yes/No	Dollar amount of claim
TOTAL →						

"Traditional Healer" expenses require Band Authorization. If any expense above is incurred through a Tradition Healer, please have your Bands authorized representative sign here:

Paper Filing.....

I have attached my original receipts and Doctors referral/prescription information to this Claim Form.
I am required to keep, and have made photo copies of, all documents I am sending in support of my Claim.
I hereby declare that the above expenses were declined under my provincial, territorial and/or NIHB program.

PLEASE COMPLETE THIS SECTION FOR "ELECTRONIC" CLAIM FILING:

I have elected to send my claim "Electronically" by: Fax Scan/Email SmartPhone. I agree to, and am responsible for maintaining a file of the original receipts for those expenses indicated in this "Electronic" Claim for 36 months. I understand that my claim may be audited at any time within the aforementioned 36 month period and that I am responsible, if requested, to produce those original receipts & Claim Form.

By signing this form below and submitting original or "Electronic" copies of receipts, I confirm that all information provided is accurate and complete and that the items claimed have not been paid for from any other source.

EMPLOYEE SIGNATURE _____

DATE: _____ month/day/year

NEED HELP ☺ 1-866-660-1466

Mail to:

**Ani shi nabe
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141 Invermere Street
Winnipeg, MB R3Y 1P7

Electronic Claims By:

- Fax – 204-231-4628
- Email – afinancial@mymts.net
- SmartPhone