

# Hearing Aid Claim Form

Group Claims, PO Box 3425 Stn D, Ottawa, ON K1P 1G9



Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies is committed to keeping information concerning this claim confidential.

## 1 Subscriber information

Please attach copies of audiogram and Hearing Evaluation Tests

Subscriber's Name - first and last	Date of Birth (d/m/y)	Employer's Name <b>General Motors of Canada Ltd.</b>			
Group Number <b>83129</b>	Identification Number				
Patient's Name - first and last name	Relationship to Subscriber				
Subscriber's Signature X	Patient Date of Birth <table border="1"> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> </table>		Day	Month	Year
Day	Month	Year			

## 2 Supplier information

Name	Address		
City	Province	Postal Code	Telephone Number ( )

I hereby certify that hearing aid services have been provided in accordance with the conditions of the Sun Life agreement and the charges claimed constitute the full and complete charge for these services.

Signature of Supplier X	Approval Number	Supplier's Registration Number
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## 3 Otologist/Otolaryngologist information

Date Seen <table border="1"> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> </table>	Day	Month	Year	Name - first and last name
Day	Month	Year		
Address	Postal Code			

## 4 Audiologist

Date Seen <table border="1"> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> </table>	Day	Month	Year	Name - first and last name
Day	Month	Year		
Address	Postal Code			

## 5 Description of Hearing Aid

Date supplied <table border="1"> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> </table>	Day	Month	Year	Make	Model	Serial Number
Day	Month	Year				
Monaural	Binaural	Settings	Receiver Type			
Type of Mould Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/>	Special Fittings Cros <input type="checkbox"/> Bicros <input type="checkbox"/> Y-Cord <input type="checkbox"/> Other <input type="checkbox"/>					

## 6 Charges

	CHARGES	ALLOWED	FOR SUN LIFE USE ONLY		
			Override Code	Message Code	
Aid					
Mould					
Fee					
Total Charge					
Deductible					
Payable by Sun Life					