



Benefit Payment Office
PO Box 3050 Station Main
Winnipeg MB R3C 0E6
Tel 1.800.957.9777

1 Premier Dental Clinic
54 Dental Avenue
Winnipeg MB R5Y 2X0

2 Date: March 6, 2015

3 Payment No: 16598977

4 Canada Life Account No: 1234567890

A payment has been issued for claims processed since your last statement. Claim details relating to this payment are provided in the enclosed statement.

DIRECT DEPOSIT ADVICE

The amount of \$1,296.53 will be deposited directly into your account.

With normal bank clearing procedures the deposit will appear in your account within the next few days.

NOT NEGOTIABLE

NOT NEGOTIABLE

Sample notice of direct deposit and benefit statement

- 1 This is a sample notice of a direct deposit, using a fictitious name and address for the payee.
- 2 Date the statement and payment were issued.
- 3 The Payment No. is the direct deposit number. If you received payment by cheque, this would be the Cheque No.
- 4 Payee's unique identification number assigned by Canada Life.



5 **Statement**
Payment No: 16598977
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7 Total paid to Premier Dental Clinic 8 \$ 1,296.53 CAD

9 Dr. Susan Smith 10 54 Dental Avenue, Winnipeg 11 Registration No. 000000793 Location No. 0255 12 13 Total Paid \$ 624.65

14 Plan: 12345 ID: E00000011 15

Patient First Name	Patient Last Name	Reference Number	Service Date	Service Description	Tooth Number(s)	Submission Type	Submitted Expense	Eligible Expense	Other Insurance	Deductible Applied	Payable At	Amount Paid	Notes
Jane	Anderson	559797	Mar 2, 2015	Dental Exam (01202)		Electronic	31.60	30.70	0.00	0.00	100%	30.70	56
Jane	Anderson	559797	Mar 2, 2015	Polishing (11101)		Electronic	36.00	36.00	0.00	0.00	100%	36.00	
Sub-totals							\$67.60	\$66.70	\$0.00	\$0.00		\$66.70	
Totals for ID E00000011							\$67.60	\$66.70	\$0.00	\$0.00		\$66.70	

Notes: 56 We calculated benefits using the fee guide specific in your plan.

Plan: 66543 ID: E121212121

Patient First Name	Patient Last Name	Reference Number	Service Date	Service Description	Tooth Number(s)	Submission Type	Submitted Expense	Eligible Expense	Other Insurance	Deductible Applied	Payable At	Amount Paid	Notes
Mary	Doe	226987	Mar 4, 2015	Basic Filling(s) (23321)	11	Electronic	141.20	50.00	0.00	0.00	100%	50.00	58
Sub-totals							\$141.20	\$50.00	\$0.00	\$0.00		\$50.00	
Totals for ID E121212121							\$141.20	\$50.00	\$0.00	\$0.00		\$50.00	

Notes: 58 This person's maximum benefit has been paid.

Patient First Name	Patient Last Name	Reference Number	Service Date	Service Description	Tooth Number(s)	Submission Type	Submitted Expense	Eligible Expense	Other Insurance	Deductible Applied	Payable At	Amount Paid	Notes
Hillary	Doe	226987	Mar 4, 2015	Dental Exam (01202)		Electronic	31.60	31.60	0.00	25.00	100%	6.60	
Sub-totals							\$31.60	\$31.60	\$0.00	\$25.00		\$6.60	
Totals for ID E121212121							\$172.80	\$81.60	\$0.00	\$25.00		\$56.60	

Plan: 88888 ID: E000000333

Patient First Name	Patient Last Name	Reference Number	Service Date	Service Description	Tooth Number(s)	Submission Type	Submitted Expense	Eligible Expense	Other Insurance	Deductible Applied	Payable At	Amount Paid	Notes
Jamie	Jamieson	26449	Mar 5, 2015	Crown(s) (27211)	27	Paper	702.70	702.70	0.00	0.00	50%	351.35	
Jamie	Jamieson	26449	Mar 5, 2015	Lab or Materials Fee		Paper	300.00	300.00	0.00	0.00	50%	150.00	
Sub-totals							\$1,002.70	\$1,002.70	\$0.00	\$0.00		\$501.35	
Totals for ID E000000333							\$1,002.70	\$1,002.70	\$0.00	\$0.00		\$501.35	

- 5 This is a sample statement, using fictitious names and addresses. The Payment No. is the direct deposit number – the same number from the previous page (or Cheque No. if payment was made by cheque).
- 6 Date the statement was issued (same as the previous page).
- 7 The payee's name.
- 8 The total dollar amount paid to the payee for the payment period.
- 9 The first provider's name. Since the payee is a clinic with multiple providers, the statement includes a breakdown by provider.
- 10 Provider's address or store number.
- 11 Identification number assigned by TELUS.
- 12 Work location identification number assigned by TELUS.
- 13 Total dollar amount paid for claims by the first provider.
- 14 Plan member's Canada Life group policy number. The statement includes clearly separated information for each plan member.
- 15 Plan member's Canada Life identification number.



Statement
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16 Dr. Roger Riverton 54 Dental Avenue, Winnipeg Registration No. 000000793 Location No. 0255 **17** Total Paid \$ 671.88

Plan: 12345		ID: E00000011											
Patient First Name	Patient Last Name	Reference Number	Service Date	Service Description	Tooth Number(s)	Submission Type	Submitted Expense	Eligible Expense	Other Insurance	Deductible Applied	Payable At	Amount Paid	Notes
Jeremy	Anderson	4477	Mar 3, 2015	Dental Exam (01202)		Electronic	31.60	31.60	15.80	0.00	80%	15.80	
Jeremy	Anderson	4477	Mar 3, 2015	Polishing (11101)		Electronic	36.00	36.00	18.00	0.00	80%	18.00	
Sub-totals							\$67.60	\$67.60	\$33.80	\$0.00		\$33.80	
Mavis	Anderson	4477	Mar 3, 2015	Dental Exam (01202)		Electronic	31.60	31.60	0.00	0.00	80%	25.28	
Mavis	Anderson	4477	Mar 3, 2015	Polishing (11101)		Electronic	36.00	36.00	0.00	0.00	80%	28.80	
Sub-totals							\$67.60	\$67.60	\$0.00	\$0.00		\$54.08	
Melanie	Anderson	4477	Mar 3, 2015	Dental Exam (01202)		Electronic	31.60	31.60	0.00	0.00	80%	25.28	
Melanie	Anderson	4477	Mar 3, 2015	Polishing (11101)		Electronic	36.00	36.00	0.00	0.00	80%	28.80	
Sub-totals							\$67.60	\$67.60	\$0.00	\$0.00		\$54.08	
Totals for ID E00000011							\$202.80	\$202.80	\$33.80	\$0.00		\$141.96	

Plan: 51111		ID: E000119999											
Patient First Name	Patient Last Name	Reference Number	Service Date	Service Description	Tooth Number(s)	Submission Type	Submitted Expense	Eligible Expense	Other Insurance	Deductible Applied	Payable At	Amount Paid	Notes
Johnny	Simple	99088	Mar 6, 2015	Basic Filling(s) (23321)	22	Electronic	141.20	137.20	0.00	25.00	90%	100.98	56
Johnny	Simple	99088	Mar 6, 2015	Basic Filling(s) (23323)	36	Electronic	245.20	238.30	0.00	0.00	90%	214.47	56
Johnny	Simple	99088	Mar 6, 2015	Basic Filling(s) (23323)	46	Electronic	245.20	238.30	0.00	0.00	90%	214.47	56
Sub-totals							\$631.60	\$613.80	\$0.00	\$25.00		\$529.92	
Notes:		56	We calculated benefits using the fee guide specific in your plan.										
Totals for ID E000119999							\$631.60	\$613.80	\$0.00	\$25.00		\$529.92	

This statement contains confidential information and is provided for administrative purposes only.

16 The second provider's name. Since the payee is a clinic with multiple providers, the statement includes a breakdown by provider.

17 Total dollar amount paid for claims by the second provider.