



## CHILDCARE CLAIM FORM

Please complete separate claim form for each month and for each child being claimed. There is no need to attach receipts if this form is completed in full, including authorized signatures of the Employee/Parent or Guardian and a facility official.

CHILDCARE PROVIDER INFORMATION					
Childcare Provider No.		Not for Profit <input type="checkbox"/> For Profit <input type="checkbox"/>			
Childcare Facility Name		Telephone Number ( )			
Address	City	Province	Postal Code		
PLAN MEMBER INFORMATION					
Employee Name		Employer			
Child's Name Last	First	Child's Green Shield ID No.			
Address		Child's Date of Birth			
		____ / ____ / ____ Y      M      D			
Do you have any other Childcare Coverage? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, attach copy of payment statement or denial letter from primary carrier.)					
If Yes:    -Other Green Shield Plan? <input type="checkbox"/> Green Shield I.D. No. _____ -Government Subsidy? <input type="checkbox"/> Other? <input type="checkbox"/> Explain: _____					
CLAIM INFORMATION (Must be completed in full by Facility.)					
Claim Submission for:    Start Date _____      End Date _____					
	Facility Rates	# of HALF DAYS Being Claimed	# of FULL DAYS Being Claimed	# of Before/After School Program DAYS Being Claimed	Total Amount Charged by Facility (Rate x # of Days/Week)
	Half Day \$				\$
	Full Day \$				\$
	Weekly \$				\$
	Monthly \$				\$
	Before/After School Program \$				\$
Total amount of Government or other subsidy for this period: \$ _____					
TO BE COMPLETED IN ALL CASES					
<p>I CERTIFY THAT THE CHILDCARE SERVICES AS LISTED ABOVE ARE ACCURATE. I UNDERSTAND THAT THE CHARGES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXCEED MY AGREEMENT BENEFITS. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO MY SUPPLIER FOR THE COST OF THOSE SERVICES. I AUTHORIZE RELEASE OF THE INFORMATION CONTAINED IN THIS FORM</p> <p>_____      _____            DATE (Y/M/D)      EMPLOYEE / PARENT OR GUARDIAN</p> <p>I CERTIFY THAT THE ABOVE CLAIM INFORMATION IS ACCURATE. THE CHILDCARE CHARGES FOR EACH DAY BILLED WERE REQUESTED BY THE CHILD'S PARENT OR GUARDIAN.</p> <p>_____      _____            DATE (Y/M/D)      AUTHORIZED FACILITY SIGNATURE</p>					
REQUIRED ONLY IF CHILDCARE FACILITY IS BILLING GREEN SHIELD DIRECTLY		REQUIRED ONLY IF CHARGES HAVE BEEN PAID IN FULL BY PLAN MEMBER			
I HEREBY ASSIGN TO THE ABOVE CHILDCARE FACILITY ALL OF THE CHILDCARE BENEFITS PROVIDED BY MY SAID COVERAGE OR SO MUCH THEREOF AS MAY SERVE TO SATISFY MY INDEBTEDNESS OR THAT OF MY DEPENDENT CHILD TO THE SAID FACILITY FOR THIS PERIOD OF COVERAGE.		THE CHARGES LISTED ON THIS CLAIM HAVE BEEN PAID IN FULL. PLEASE REIMBURSE PLAN MEMBER DIRECTLY.			
_____ EMPLOYEE / PARENT OR GUARDIAN		_____ AUTHORIZED FACILITY SIGNATURE			
<p>By signing this claim form and/or submitting actual receipts, I agree that the information provided on this form is complete and accurate. I understand that the information provided by me to Green Shield Canada about myself and my dependents, will be used by Green Shield Canada for claims adjudication and any other services necessary in the administration of our benefits which may include the exchange of information with other parties to administer this benefit claim.</p> <p>I am authorized by my spouse and/or dependents to disclose and receive information about them that is used for these purposes. I understand that this information may be seen by the cardholder.</p>					
All claims must be submitted within 12 months of the date of service (unless otherwise specified in your benefit plan documentation).		The cost, if any, of obtaining this information is at the expense of the Patient/Guardian/Plan Member.			