

Assignment of Benefits to Providers

Contents

- [Assignment of Benefits to Providers](#)
- [Contents](#)
 - [Claim Form: Assignment of Benefits to Providers](#)
 - [Employee & Claimant Information](#)
 - [Provider Information](#)

To all employees:

We are pleased that {{ your-company }} has selected {{ insurance-company }} as its new group benefits provider as of {{ date }}.

The purpose of this letter is to advise you of {{insurance_company}}'s policy regarding assignment of benefits to health care providers. In simple terms, this means that the payment for supplies or services you (or your family members) received will be made directly to the provider (e.g., optician, physiotherapy clinic). This eliminates the “out-of-pocket” expense that you would otherwise incur while waiting for a reimbursement payment from {{ insurance-company }}.

In order to assign benefits to a provider, the plan member must clearly indicate that any benefits payable for the claim are to be assigned with each claim submission. This can be in the form of a written assignment on the claim form or a personal letter you attach to the {{ insurance-company }} claim form along with any other required documentation. Other information to be provided in the letter is the provider signature and the provider number. The personal letter must be dated and signed by the employee.

There is an Assignment of Benefits Form on the reverse side of this letter which can be used.

Both the assignment and the claim form must include the plan member's original signature and clearly state the name, address, and phone number of the provider to whom benefits have been assigned. This authorizes us to pay the provider directly. The form must be signed and dated at the time the service or supply is provided. Assignment forms cannot be signed in advance. When we send payment to the provider, the plan member will receive a notice explaining our assessment.

Once the claim is received by {{ insurance-company }}, the claim is assessed based on the plan's coverage and provisions. Benefits are only payable for eligible services performed by eligible service providers. Payments to the assigned provider are made by cheque on a claim by claim basis, so providers will not experience any lengthy delay in receiving payment for their services.

For more information on the Assignment of Benefits, please contact our Customer Contact Centre at {{ phone }}.

Claim Form: Assignment of Benefits to Providers

Forward original claims receipts, signed claim form and assignment authorization form to:

Zymonetics, Inc.
44 Charles St W #511, Toronto, ON M4Y 1R8
+1 647-225-3334

Employee & Claimant Information

Employee Name: _____

Patient Name: _____

I hereby assign my benefits payable from this claim to: _____
and authorize payment directly to him/her. {{ insurance-company }} may discuss details of this claim with the assignee.

Employee's Signature: _____

Date: _____

Provider Information

Provider Name: _____

Provider License No.: _____

Date: _____

Address: _____

Telephone Number: _____

Total fee for the product(s) or service(s) received: \$_____ (invoices must be attached)

Signature of Provider: _____

Date: _____