

## **CDCS Health Claims INC.**

P.O. Box 156, Stn. B, Sudbury ON P3E 4N5

## 1-800-265-2327 1-705-675-2222 Cardholder Certificates

## CDCS Health Claims Inc.

Group: 242 Certificate: 426898466 Div: 000 Unit: 000 Class: В Language: E

DAVID CARNES C/O CDCS

Family

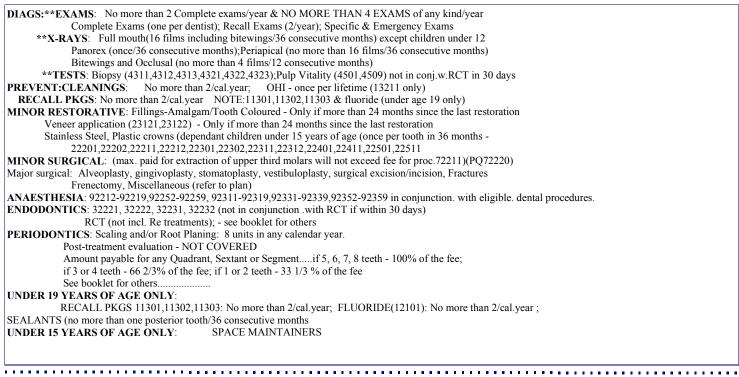
Submitting Claims

Complete all relevant sections of claim form including Employee & Patient information, Group & Certificate #, patient's date of birth, spouse's insurance information (if applicable). Sign form & indicate if CDCS payment should be sent to the Dentist.

Call our 800 number for assistance.

Mail Claims to: CDCS at the above address.

## The following is a summary of your group benefits with CDCS - Please retain for your records.



Remove your Benefits cards; Fold bottom of page back; Fold top of page back onto the bottom and stick together or cut off on dotted line.



Si vous desirez votre carte en français, veuillez composer Le 1-800-265-2327

These cards remain the property of CDCS Health Claims INC, and must be returned to your employer upon request or termination of benefits.