SAMPLE Provider Statement – Dental

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         1         2         3         4         5         6         7         8         9         0         1         2         3
12345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012
PROVIDER NO.: XXX-9-XX                                NIHB DENTAL CLAIM STATEMENT
XXXXXXXXXXX-30-XXXXXXXXXXXXXXX                       From: CCYY/MM/DD to: CCYY/MM/DD                                  Page #:   999
                                                                                                    Payment Date: CCYY/MM/DD
                                                                                                    Process Date: CCYY/MM/DD
                                                                                                      Payment ID: 9999999999
                                                                                                  Payment Method: CHQ/EFT
                                                                                                  Payment Amount: $999999.99

CLAIM/REG NO.              PD/PV NO.   CLIENT ID NO.  SURNAME             GIVEN NAMES          DATE OF BIRTH
DATE OF SERVICE   PROCEDURE         TOOTH  SURFACES   PROF. FEE   LAB FEE    3RD PARTY   AMT CLAIMED  NET AMT      RESPONSE CODES

XXXXX-14-XXXXX             XXX-10-XXX   XXXX-10-XX   XXXXXXXX-20-XXXXXXXX  XXXXXXX-20-XXXXXXXXX   DD-MM-CCYY
DD-MM-CCYY        X-5-X            XX     X-5-X     9999.99-    9999.99-   9999.99-     99999.99    99999.99-   XXX XXX XXX XXX
DD-MM-CCYY        XXXXX            XX     XXXXX     9999.99-    9999.99-   9999.99-     99999.99    99999.99-   XXX XXX XXX XXX
DD-MM-CCYY        XXXXX            XX     XXXXX     9999.99-    9999.99-   9999.99-     99999.99    99999.99-   XXX XXX XXX XXX

                                TOTALS           99999.99    99999.99   99999.99     999999.99     99999.99-

XXXXX-14-XXXXX             XXX-10-XXX   XXXX-10-XX   XXXXXXXX-20-XXXXXXXX  XXXXXXX-20-XXXXXXXXX   DD-MM-CCYY
DD-MM-CCYY        X-5-X            XX     X-5-X     9999.99-    9999.99-   9999.99-     99999.99    99999.99-   XXX XXX XXX XXX
DD-MM-CCYY        XXXXX            XX     XXXXX     9999.99-    9999.99-   9999.99-     99999.99    99999.99-   XXX XXX XXX XXX
DD-MM-CCYY        XXXXX            XX     XXXXX     9999.99-    9999.99-   9999.99-     99999.99    99999.99-   XXX XXX XXX XXX

                                TOTALS           99999.99    99999.99   99999.99     999999.99     99999.99-


                                                                    Total Amount Submitted:   Total Amount Payable:
                                                                            $999999.99               $999999.99

                                                          Amount Owing from Previous Period:                 $999999.99
                                                                       Total Amount Paid/(Owing):            $999999.99
                                                  Please make your cheque payable to the Receiver General to the address shown below.
                                                                                                ESI Canada
                                                                                                5770 Hurontario Street
                                                                                                10th Floor
                                                                                                Mississauga  ON  L5R 3G5
                                                                                                Attn  ESI Finance Dept.
This statement can be used for corrections.
RESPONSE CODE EXPLANATIONS:
XXXX   EEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE-120-EEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE

GENERAL MESSAGE:
01-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX-120-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
02-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX-120-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
03-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX-120-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
04-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX-120-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
05-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX-120-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
06-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX-120-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
07-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX-120-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
08-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX-120-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
09-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX-120-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
10-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX-120-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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SAMPLE