

Insulators Local 110 Benefit Plan



Provider Contact Form

PBAS can assist with setting up your health providers onto the PBAS Provider Portal, so they can submit claims electronically for processing. You only need to provide us with their contact details using the enclosed form.

While providing this information is optional, taking advantage of this assistance will ensure that your provider is set up when you visit them, to allow for a seamless transition.

Your name: _____ Preferred email: _____

Address: _____

City: _____ Postal Code: _____ Phone Number: _____

Dental Provider contact information

Please provide us with the name of your Dentist and the Clinic they practice in.

Dental Provider name/clinic: _____

Dental Phone: _____ Dental Email: _____

Pharmacy contact information

Please provide us with the name of your Pharmacy.

Pharmacy: _____ Pharmacy Phone: _____

Extended Health Care provider contact information

Please provide us with the name of your extended health care provider and indicate what service they provide. Please use a different line for each provider.

Provider name: _____ Provider service: _____

Provider phone: _____ Provider email: _____

Provider name: _____ Provider service: _____

Provider phone: _____ Provider email: _____

Provider name: _____ Provider service: _____

Provider phone: _____ Provider email: _____

By submitting this form to PBAS, you provide PBAS permission to contact the listed providers on your behalf. Submit your form via email or fax:

Insulators110@pbas.ca
Fax: 403-250-9236