



IUPAT LOCAL 177 BENEFIT TRUST FUNDS

17804 - 118 AVENUE NW, EDMONTON, ALBERTA T5S 2W3 PHONE: (780) 484-8651 • FAX: (780) 486-7309
OUTSIDE OF EDMONTON: 1-800-661-6786

VISION CARE DIRECT BILLING AUTHORIZATION FORM

I, _____, AUTHORIZE MAXIMUM BENEFIT TO
DIRECTLY PAY, _____, FOR THE ATTACHED VISION
CARE CLAIM.

NAME OF VISION CARE PROVIDER: _____
ADDRESS: _____
CITY & PROVINCE: _____
POSTAL CODE: _____

DATE

MEMBER'S NAME

FIRM # & CERTIFICATE #

MEMBER'S SIGNATURE

