

IMPORTANT CLAIMING INFORMATION

Please provide all information requested on both pages of this claim form. Pacific Blue Cross is unable to process incomplete claims.

- 1) Submit all claims with itemized statements and original paid receipts, which indicate:
 - patient's name
 - type of purchase or service
 - date of each purchase or service
 - amount charged for each purchase or service

Pacific Blue Cross is unable to accept photocopies unless you have submitted the original receipts to your other insurance company. If so, attach copies of your receipts and a copy of their payment statement.

- 2) List all expenses in dependent and date order.
- 3) Pacific Blue Cross will only consider paying claims that exceed your deductible. See your Pacific Blue Cross EHC card or brochure for information about your plan deductible.
- 4) All claims must be received in the office of Pacific Blue Cross no later than December 31st of the year following the date of purchase or service (unless otherwise agreed upon by your Employer). Late submissions will not be accepted.
- 5) Submit your EHC claims regularly (Pacific Blue Cross suggests about every three months). *Do not hold your claims until the claiming deadline.*

Your EHC plan may include a deductible and a reimbursement percentage (example: \$25.00 deductible, balance paid at 80%). Check your plan brochure for details.

All BC residents covered by the Medical Services Plan of BC are eligible for Pharmacare benefits. Expenses paid in part by Pacific Blue Cross may be eligible with Pharmacare and should be submitted to Pharmacare first for their consideration. (Examples: prosthetic appliances, ostomy supplies.)

To claim for the benefits listed below, see the specific instructions.

Check your plan brochure for a list of eligible benefits and the conditions when these benefits are eligible.

PRESCRIBED DRUGS

- official Pharmacare receipt

SERVICES (physiotherapist, chiropractor, podiatrist, naturopath, massage practitioner)

- type of service
- date of each treatment
- amount charged for each treatment
- date of last treatment paid by the Medical Services Plan
- therapist's name and phone number

HOSPITAL ACCOMMODATION

- type of room (semi-private, private)
- admission and discharge dates
- daily charge
- a description of any additional charges

AMBULANCE

- reason for taking the ambulance
- date of service
- places ambulance taken from and to
- amount charged

OUT OF PROVINCE MEDICAL EXPENSES

Please contact your plan administrator to obtain the following forms:

- MSP Out-of-Country claim form
- Emergency Out-of-Province Expense claim form
- *Schedule A*

Complete all necessary forms and submit to Pacific Blue Cross promptly in order that we may submit your claim to MSP within their 90 day deadline.

HEARING AIDS

Please check your plan brochure for any age restrictions.

REGISTERED NURSES

Along with your receipts, Pacific Blue Cross requires a letter from the attending doctor, indicating the diagnosis, that he or she ordered the nurse's services, and the necessity for the services.

ORTHOPEDIC SHOES

Along with your receipts, Pacific Blue Cross requires a letter from the orthopedic surgeon, doctor or podiatrist, indicating the diagnosis, the necessity for prescribing the shoes, and the type of shoes prescribed.

DENTAL ACCIDENTS

Along with your receipts, Pacific Blue Cross requires from the dentist a detailed list of services performed. We also require the exact date of the accident, the circumstances of the accident, and information on any other dental coverage. Include all relevant X-rays.

THIRD PARTY LIABILITY

Your EHC plan does not pay for any benefits if a third party is liable by law. For claims due to an accident, indicate if there is possible third party liability. If yes, please contact Pacific Blue Cross for further information, as you must complete third party forms.

VISION CARE

Not all EHC plans cover vision care benefits. Check your plan brochure. Submit itemized receipts, that show the purchase date and the patient's name.