

Medavie
Blue Cross
Provider
Guide



**MEDAVIE BLUE CROSS
PROVIDER GUIDE**

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ABOUT MEDAVIE BLUE CROSS

With roots back to 1943, Medavie Blue Cross is an industry leader that provides group and individual health, travel, life and disability benefits to more than one million Canadians.

Medavie Blue Cross operates from major locations in Moncton, New Brunswick; Dartmouth, Nova Scotia; Etobicoke, Ontario and Montreal, Quebec as well as six branch offices across the Atlantic Provinces and one in Quebec.

A member of the Canadian Association of Blue Cross Plans, Medavie Blue Cross is an independent, not-for-profit company governed by a board of directors made up of representatives of the business and health care communities.

Medavie Blue Cross administers various provincial government programs as well as national contracts on behalf of Veterans Affairs Canada (VAC), the Canadian Forces (CF), the Royal Canadian Mounted Police (RCMP) and Citizenship and Immigration Canada (CIC) and, with other Blue Cross plans, is one of the owners of Blue Cross Life Insurance Company of Canada.

An innovative and progressive company, Medavie Blue Cross is dedicated to fulfilling its core purpose: *To help improve the health and well-being of people and their communities.*

The purpose of the *Medavie Blue Cross Provider Guide* is to give Providers a better understanding of the Medavie Blue Cross benefit programs available to our clients who have private group and individual insurance coverage.

This guide is not intended to represent or replace information, policies or processes for Federal Programs administered by Medavie Blue Cross such as Veterans Affairs Canada (VAC), Canadian Forces (CF), Royal Canadian Mounted Police (RCMP) and Citizenship and Immigration Canada (CIC). Please refer to the documentation for these programs that was provided to you when you registered for approved Medavie Blue Cross provider status. For more information on these programs, contact 1-888-261-4033.

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INTRODUCTION

The following information applies to all Providers who provide services to Medavie Blue Cross members and who may also accept payment from Medavie Blue Cross for those services submitted as claims.

The Provider agrees that the submission of claims to Medavie Blue Cross, whether on paper or sent electronically, is acknowledgement that Medavie Blue Cross will have audit rights to information relating to claimant claims for the purposes of administering contractual obligations to Medavie Blue Cross members.

The Provider also understands and agrees that the submission of claims to Medavie Blue Cross, whether on paper or sent electronically, is to be done in accordance with the terms and conditions outlined in section two.

We value our providers and know how important it is to connect our members to our provider network. Providers may be highlighted in the Medavie Mobile App and may also appear in our Provider Listing on our member portal or corporate website.

Your information will be included unless otherwise advised by you in writing through email to provider@medavie.bluecross.ca or fax at 506-869-9673

This Provider Guide is divided into four sections:

- Section one: Definitions
- Section two: Terms and Conditions
- Section three: General Claims Procedures
- Section four: Communication with Medavie Blue Cross

The effective date of this guide is as noted below. The most recent version is always available to download in the Health Professionals section on our website at www.medavie.bluecross.ca/healthprofessionals.

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SECTION ONE: DEFINITIONS

Approved Provider Status - Medavie Blue Cross defines an Approved Provider as a professional who is licensed and in good standing with their provincial licensing body and is a registered provider with Medavie Blue Cross. Medavie Blue Cross reserves the right to determine who will be granted Approved Provider Status.

Claim - Any method, authorized by Medavie Blue Cross, by which the Provider may request payment from Medavie Blue Cross in respect of services provided to a member.

Client - Medavie Blue Cross benefit plan member, spouse or dependent children.

Co-ordination of Benefits (COB) - Claims for claimants with alternate coverage must only be submitted to Medavie Blue Cross for reimbursement when we are identified as the primary insurance carrier for the claimant. See section 3.

Co-Payment - The percentage of dollar amount of eligible expense that **must** be paid by the member to the provider for services rendered.

Date of Service - Services are considered to be incurred on the date the treatment is completed or the appliance is installed (with the exception of orthodontic treatment.)

Deductible - The specific dollar amount a claimant must satisfy during a specific period of time before reimbursement can be received from their plan.

Frequency Limits - The number of occurrences and/or units of time allowed in a specific timeframe for benefits, as defined in the member's policy.

ID Card - The ID card issued by Medavie Blue Cross provides the policy number and names of each member, along with their unique ID numbers. The ID card also provides a brief overview of the benefits available under their plan.

Member - A member is the individual who has made application and has been accepted by Medavie Blue Cross for coverage.

PIPEDA (Personal Information Protection and Electronic Documents Act) - The federal government privacy legislation for the private sector is entitled the *Personal Information Protection and Electronic Documents Act*. This legislation gives individuals a number of rights concerning their own personal information and places a number of requirements on businesses for protecting this information. Medavie Blue Cross conducts business in compliance with the Act.

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SECTION TWO: TERMS AND CONDITIONS

2.1 Approved Provider Status

- 2.1.1 The Provider agrees to be qualified and entitled to carry on the practice Services under the accepted guidelines of their provincial licensing body as recognized by Medavie Blue Cross. The Provider must be a member in good standing with their provincial licensing body in the province in which the business is located. This agreement does not replace or supersede any professional regulation or provincial legislation in provinces where such legislation does exist.
- 2.1.2 Medavie Blue Cross defines an Approved Provider as a professional who is licensed and in good standing with their provincial licensing body and is a registered provider with Medavie Blue Cross. Medavie Blue Cross reserves the right to determine who will be granted Approved Provider Status.
- 2.1.3 The Provider shall ensure that they or the representative submitting claims on their behalf will only use their Medavie Blue Cross Provider Number when submitting claims that have been personally rendered by the Provider. It is not acceptable to submit claims for services performed by another party using the Provider's Approved Provider Number, whether or not the other party is approved by Medavie Blue Cross to provide service to its clients.
- 2.1.4 Approved Provider Status must be requested for each separate location a Provider works from in order for claims for services rendered to Medavie Blue Cross members to be considered for reimbursement.

2.2 Change of Ownership or Address/location Change

- 2.2.1 The Provider must notify Medavie Blue Cross if there are changes to business ownership or address by calling one of our Customer Information Centres at 1-800-667-4511 for Atlantic Provinces, 1-800-355-9133 for Ontario and at 1-888-588-1212 for Quebec. Failure to notify Medavie Blue Cross as soon as possible could result in delays..

2.3 Submission of Claims

- 2.3.1 The Provider will submit to Medavie Blue Cross a description of services provided and all further information Medavie Blue Cross may require for the reimbursement of claims, including the authorized signatures by both the Provider/Authorized personnel and the Medavie Blue Cross member.
- 2.3.2 Claims must only be submitted after the service has been performed.
- 2.3.3 The Provider warrants that all claims submitted to Medavie Blue Cross by the Provider or a representative on their behalf are authentic and constitute an accurate account of services rendered by the Provider and the charges billed and are in accordance with these terms and conditions.

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- 2.3.4 The Provider recognizes that Medavie Blue Cross contracts may contain Deductibles, Co-Payment amounts and Maximum Provisions and that the sole responsibility for payment of the uninsured portion is that of the member.
- 2.3.5 Fees for services rendered shall not be dependent on method of payment nor influenced by whether the service is a covered benefit for the claimant. The Provider also agrees not to charge higher fees for services when submitting claims electronically than those charged to cash paying clients for services or when submitting paper claims to Medavie Blue Cross.
- 2.3.6 The Provider recognizes that some Medavie Blue Cross contracts deems that services rendered on immediate family members are not considered to be an eligible expense.

2.4 Audit Policies and Processes

- 2.4.1 The purpose of the audit function is to ensure that:
- claims paid by Medavie Blue Cross on behalf of members have been submitted and paid correctly,
 - members have received the benefit that was claimed and paid, and
 - the claimant has met the terms of the Medavie Blue Cross policyholder contract.
- Determination of the above may be done through onsite audits, requests for claim details from providers, contact with members and analysis of internally generated reports.
- 2.4.2 Upon request, the Provider will make available to Medavie Blue Cross for audit purposes the billing and treatment records that detail treatment provided, fees charged and dates of service for Medavie Blue Cross members, as well as any other documentation that pertains to claimant information and Explanation of Benefits (EOB)/ deemed necessary by Medavie Blue Cross to verify claims submitted by the Provider.
- 2.4.3 Any employee authorized by Medavie Blue Cross may have access to, take extracts from and make copies of provider records with respect to the provision of services. These records can include patient treatment files, copies of receipts and any other information pertaining to services rendered whereas the information is deemed necessary to properly administer claims arising under a benefit plan. **During the course of an audit, the provider shall demonstrate that all claims submitted and paid by Medavie Blue Cross for services rendered can be substantiated with relevant documentation.**
- 2.4.4 Upon the completion of an onsite review, the auditor will request a meeting with the provider to discuss the next step in the audit process and answer questions he/she may have. The auditor will advise the provider that a report of the audit findings will be forwarded to the provider upon completion of the review, where the provider will be given the opportunity to respond in writing to the auditor's findings and observations.

2.5 Claim Irregularities

- 2.5.1 Fraud and abuse of insurance continues to be a concern to all of us. Some members of insurance programs may be using their benefit program inappropriately. Members may also

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attempt to pressure Providers in an effort to obtain fraudulent benefits.

The following examples illustrate the types of irregularities that are considered fraudulent:

- Submitting electronic claims, paper claim forms and issuing receipts showing services rendered when, in fact, the services have not been rendered.
- Changing the name of a claimant to ensure payment.
 - For example, from a non-Medavie Blue Cross member to a Medavie Blue Cross member or by changing names of dependents to bypass frequency limits.
- Changing the dates of service on the claim form in order to bypass frequency limits.
- Changing the Provider information from an ineligible Provider to an Approved Provider with Medavie Blue Cross.

It is the responsibility of the Provider to collect any outstanding amounts not covered by the client's plan. Medavie Blue Cross assumes no responsibility in this matter.

2.6 Provider Payment, Payment Summary and Payment Schedule

2.6.1 Provider payments for eligible services are processed every second week. A payment summary reconciliation is available electronically through our ePay claims submission system. The summary includes all Medavie Blue Cross and other Government Programs claim submissions.

Direct deposit is available for approved health care providers who submit claims through our ePay Service. We will continue to issue payments every second week and you can view your payment summary electronically.

To apply for direct deposit with Medavie Blue Cross, download an application form from the Health Professionals section of our website at <http://www.medavie.bluecross.ca/healthprofessionals>.

2.6.2 View your Payment summaries on line. Effective December 1 2015 your payment summaries will be kept on file for a period of 2 years. You are able to view, download and print payment summaries at your convenience.

Please note to obtain more information on any summaries dated prior to December 1, 2015, please send an email to our Inquiry Unit at inquiry@medavie.bluecross.ca

2.6.3 To view the dates of the provider payments, download your Provider Payment Schedules at www.medavie.bluecross.ca/healthprofessionals under "your Resources".

2.6.4 Payments to the Provider include all claim results for assigned claims (both manual and electronic), adjustments or reversals and messages concerning non-payment.

2.6.5 The Provider shall examine and verify the accuracy of the payment summary when received and shall notify Medavie Blue Cross in writing of any error or omission within thirty (30) days of its receipt. Failing to do so, the Provider and any party claiming under shall lose the right to dispute the accuracy of the information contained in the payment summary and/or

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the adjustment of the claim made by Medavie Blue Cross shown in the payment summary.

- 2.6.6 If an error in a claim or in a payment is identified by Medavie Blue Cross, it may, at its discretion, adjust the claim at any time, regardless of when the error is discovered, who is responsible for the error and whether or not the claim has been paid. The amount of the error so adjusted shall become immediately due and payable.

2.7 Blue Cross Trademark

- 2.7.1 The Blue Cross symbol and name are registered trademarks of the Canadian Association of Blue Cross Plans, used under licence by Medavie Inc., an independent licensee of the Canadian Association of Blue Cross Plans, doing business under the trade name Medavie Blue Cross. The Provider agrees not to use the Blue Cross name or symbol except in a manner authorized by Medavie Blue Cross.
- 2.7.2 The Provider and Medavie Blue Cross acknowledge their compliance with governing privacy legislation.

2.8 Amendments

- 2.8.1 Medavie Blue Cross may amend these terms and conditions with 30 days written notice. Continued submission of claims, whether on paper or sent electronically, after notification of such amendment constitutes acceptance by the Provider of the new terms and conditions.

2.9 Other

- 2.9.1 If a Provider fails to comply with any of these terms and conditions, their provider status may be reviewed and/or Medavie Blue Cross may refuse to accept claims directly from the Provider.

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SECTION THREE: GENERAL CLAIMS PROCEDURES

3.1 ePay Service

ePay Service will enable your office staff to pre-determine what coverage is available to our mutual clients. It will also confirm the amount to be paid by Medavie Blue Cross to your office as well as the amount of co-pay to be collected from our members. Medavie Blue Cross will make payments to your office every second week either by direct deposit or by cheque.

Rather than paying the full price of their treatment and either visiting a Quick Pay® office or mailing in their receipts and claim form for reimbursement of the eligible portion, now members will have to pay you *only* the required co-pay amount associated with the cost of their eligible treatment. The ePay Service conforms to the PIPEDA legislation mentioned in the Medavie Blue Cross Provider Electronic claim Submission Agreement.

3.2 Claim Forms

Medavie Blue Cross regularly reviews the benefits offered to our members in order to maintain the affordability of our plans while providing value for our customers. The claim form and benefit grid allow Medavie Blue Cross to capture detailed information on both the specific treatments being delivered and the diagnosis/injury being treated while ensuring we are reimbursing claims according to the terms of our contracts.

The following is a guide to how provider paper claim form (**Appendix E**) should be completed:

The member is responsible for completing the following in Section 1:

- Section A - Patient Information
- Section B - Co-ordination of Benefits (Other Coverage)
- Section C - Additional Information
- Section D - Patient Statement

The provider is responsible for completing the following in Section 2:

- Provider Information
- Details of Claim
- Benefit Code and description

Medavie Blue Cross defines the **Date of Service** used for claims submission as the date the service is incurred. In order to process the claim, we require the claimant submit the **original** paid-in-full receipt. This claim form conforms to PIPEDA legislation and may not be faxed as we require the original signature.

3.3 Receipt Requirements

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Our reimbursement policy requires the member to pay in full for services rendered and obtain an official paid-in-full receipt to claim benefits under their Medavie Blue Cross plan. The following is a guide for various types of acceptable receipts:

Receipts:

1. Company stamp bearing your business name, full address and phone number. You must also include your provider number as registered with Medavie Blue Cross on the receipt.
2. The member's name, Blue Cross Identification number, date(s) of service and itemized list of each service, description of the service and the costs associated with each service.
3. Official **handwritten** receipts are accepted provided each receipt is for only one service and must include all business and member information outlined in #1 and #2 above.
4. A duplicate receipt must indicate that it is a duplicate by way of a stamp or writing on the receipt and be exactly the same as the first receipt.
5. For members under treatment plans, we reimburse eligible treatment only as services are rendered. The dates of service and treatment amounts must be equal to the amount of the original paid-in-full receipt issued to the member.
6. For services rendered to more than one member at a time, the names and amount of time spent with each member as well as individual charges for each member should be indicated on the receipts.

Invoices:

7. Invoices are acceptable only if stamped with a PAID stamp bearing your business name and must include all business and member information outlined in #1 and #2 above. This applies to computerized Accounting Software Invoices as well.

In addition to these requirements, Medavie Blue Cross abides by the Canada Revenue Agency's legislation on what constitutes a paid Medical Expense. The *Income Tax act* outlines an acceptable medical receipt as:

"A receipt should indicate the purpose of the payment, the date of the payment, the patient for whom the payment was made and, if applicable, the medical practitioner who prescribed the purchase or gave the service. A cancelled cheque is not acceptable as a substitute for a proper receipt."

3.4 Claim Reimbursement

A member may be reimbursed for their eligible treatments in the following manner:

- a) By mailing a paper claim form and original paid-in-full receipts to Medavie Blue Cross. A list of locations is available in section 4.
- b) By visiting one of our Quick Pay[®] Centres with their paper claim form and original paid-in-full receipt.

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Please note: Claims over \$2,000 are not able to be immediately reimbursed at our Quick Pay[®] Centres and will be sent to our Claims Unit for processing and mailing of payment to our members.

- c) Electronically through participating Providers. Claimants will receive payment for eligible treatments by mail from Medavie Blue Cross.

Please note: Electronic claims may not be reimbursed at our Quick Pay[®] Centres. Electronic submission may not be available for all members due to benefit plan design and co-ordination of benefit guidelines.

3.5 Co-ordination of Benefits (Other Coverage)

In order to ensure that health benefits are not paid in duplicate, the Canadian Life and Health Insurance Association (CLHIA) developed the Co-ordination of Benefits rule that must be followed by all health insurers when an individual is covered under two or more policies. Claimants should never receive a combined reimbursement total of more than 100 per cent of a total charge.

When similar coverage is available to the claimant, the following criteria will assist in determining whether a claim should be submitted to Medavie Blue Cross or to another company.

- a) If the claimant is identified as the member (person named on the ID card) under a Medavie Blue Cross policy, the claim should be submitted to Medavie Blue Cross.
- b) If the claimant is an adult and is not the member under a Medavie Blue Cross policy but is a member with similar coverage under another policy, the claim should be submitted to the other insurance company first.
- c) If the claimant is a dependent child and is covered under separate policies belonging to each parent, the company responsible for the claims shall be:
- The company covering the parent whose date of birth is earlier in the calendar year. For example, if the date of birth of one parent is February and the second parent is June, the claim should be submitted to the company covering the person with the February date of birth. The year of birth is ignored.
 - In situations where the parents have the same date of birth, the primary carrier responsible for the claims shall be the company covering the parent whose first name begins with the earlier letter in the alphabet.
 - In situations where parents are separated or divorced, the primary carrier responsible for the claims would be the carrier of the parent with primary custody of the children.

In cases where there is an unpaid balance following payment from the primary carrier, the

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claimant should submit the claim with a claim form and the original payment summary issued by the primary insurance carrier to the secondary insurance carrier in order to obtain reimbursement of eligible expenses not to exceed the value of the claim.

In summary, **claims for claimants with alternate coverage should only be billed to Medavie Blue Cross when the above rules above identify Medavie Blue Cross as the primary carrier.**

If the claimant needs assistance to properly identify the primary carrier when alternate coverage exists, he/she should contact a Medavie Blue Cross Customer Information Centre by calling the toll-free number found on their ID card.

3.6 ID Cards

Medavie Blue Cross members who are eligible for coverage are issued an ID card. Providers should request Medavie Blue Cross ID from the claimant **each time** services are provided to ensure the most up to date information is submitted with the claim. Samples of the ID cards are shown below.



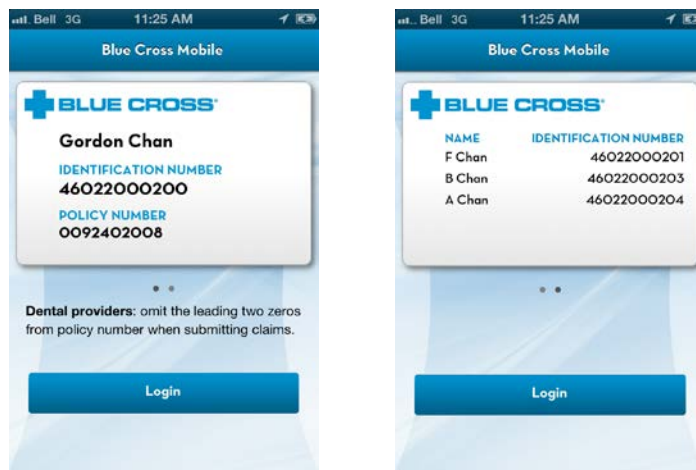
The following information found on the ID card must be entered exactly as shown when submitting a claim.

- Member's name
- Policy number
- Name of policyholder (if identified)
- Member's unique ID number

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Please note that **each** member has a unique ID number.

Our ID card is also available on our Mobile Application for iPhone, Android and Blackberry 10 devices for members to access their ID card directly on their mobile phone.



3.7 Benefit Plan Description

Medavie Blue Cross offers a variety of programs to our members. These plans offer different levels of reimbursement with various deductibles, frequencies and co-insurance. Plans may also vary with the year and specialty of the service from which claims are reimbursed.

We make every effort to communicate benefit coverage to our members at the time of enrolment. We strongly encourage our members to call our Customer Information Centres to predetermine their benefit entitlement and claim requirements prior to obtaining goods and services.

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SECTION FOUR: COMMUNICATING WITH MEDAVIE BLUE CROSS

4.1 Provider Bulletins

When necessary, Medavie Blue Cross will send provider bulletins to our Approved Providers with important information regarding policies, benefit changes, new services, etc. Please keep these important bulletins for future reference. Current and past bulletins may be viewed in the Health Professionals section on our website at www.medavie.bluecross.ca/healthprofessionals.

4.2 Customer Information Centres

The Medavie Blue Cross Customer Information Centres has representatives available to answer your inquiries on member eligibility, member benefits, claim form requests and/or general information.

To assist the Customer Information Representative in answering your inquiries efficiently, please have the following information available:

- Member's ID number
- Member's policy number
- Member's name
- Provider number
- Dates of service

Our Customer Information Representatives are available to answer your inquiries Monday to Friday 8 a.m. to 8 p.m. local time at the following toll-free numbers:

Atlantic Provinces: 1-800-667-4511,

Ontario: 1-800-355-9133,

Quebec: 1-888-588-1212,

4.3 Providing us with your feedback

If you have any comments on the *Medavie Blue Cross Provider Guide* or any suggestions on additional information that you feel should be included in the Guide, please send us an email at provider@medavie.bluecross.ca or feel free to forward your comments to:

Corporate Provider Services
Medavie Blue Cross
644 Main St., PO Box 220
Moncton, New Brunswick
E1C 8L3

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4.4 Medavie Blue Cross Locations & Addresses

Major locations

Moncton

Medavie Blue Cross
644 Main St., PO Box 220
Moncton, NB E1C 8L3
Toll Free: 1-800-667-4511
Open Monday to Friday, 8 a.m. to 5 p.m. (AST)

Dartmouth

Medavie Blue Cross
230 Brownlow Ave., Dartmouth,
PO Box 2200 Halifax, NS B3J 3C6
Toll Free: 1-800-667-4511
Open Monday to Friday, 8 a.m. to 5 p.m. (AST)

Montreal

Medavie Blue Cross
550 Sherbrooke Street West, Suite 12
Montreal, QC H3A 6T6
Toll Free: 1-888-588-1212
Open Monday to Friday, 8:30 a.m. to 5 p.m. (EST)

Ontario

Medavie Blue Cross
185 The West Mall, Suite 1200 PO Box 2000
Etobicoke, ON M9C 5P1
Toll Free: 1-800-355-9133
Open Monday to Friday, 8:30 a.m. to 5 p.m. (EST)

Branch offices

Saint John, NB

47A Consumers Dr.
Saint John, NB E2J 4Z7
Toll Free: 1-800-667-4511
Open Monday to Friday, 8 a.m. to 5 p.m. (AST)

Fredericton, NB

1055 Prospect St., Unit 2
Fredericton, NB E3B 5B9
Toll Free: 1-800-667-4511
Open Monday to Friday, 8 a.m. to 5 p.m. (AST)

Halifax, NS

1894 Barrington St
Barrington Tower, Scotia Square
Halifax, NS B3J 2A8
Toll Free: 1-800-667-4511
Open Monday to Friday, 8 a.m. to 5 p.m. (AST)

Charlottetown, PE

90 University Ave., Suite 120
Atlantic Technology Center
Charlottetown, PE C1A 9S2
Toll Free: 1-800-667-4511
Open Monday to Friday, 8:30 a.m. to 5 p.m. (AST)

St John's, NL

66 Kenmount Rd., Suite 102
Kenmount Business Centre
St John's, NL A1B 3V7
Toll Free: 1-800-667-4511
Open Monday to Friday, 8 a.m. to 5 p.m. (NST)

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APPENDIX A – MASSAGE THERAPY Benefit Guidelines (Atlantic Provinces ONLY)

Massage Therapist Benefit Guidelines

The Medavie Blue Cross massage therapy benefit provides coverage for medically necessary treatment rendered by a registered therapist. This service is aimed at reducing the impairment(s) associated with musculoskeletal, circulatory, respiratory, neurological, and/or psychoneuroimmunological conditions. Please note that the service(s) eligible for reimbursement under this benefit may vary depending on the benefit plan chosen by the policyholder and not all services may be eligible for all subscribers. We encourage you or our mutual client to call our toll-free customer service information line at 1-800-667-4511 to determine benefit eligibility prior to obtaining services.

The benefit code and the description of the specific associated service(s) must be indicated when completing the Provider Claim Form or when submitting an electronic claim to ensure our mutual clients receive the eligible reimbursement to which they are entitled. Client files should be maintained and updated with documentation supporting the description of all therapeutic massage services.

The Medavie Blue Cross Approved Provider ID number can only be used for services rendered by the treating Massage Therapist to whom the Provider ID was issued.

Any gratuities or products purchased at the time of service must be excluded from the submitted amount.

When completing the Medavie Blue Cross Provider Claim Form or the Massage Therapy Claim Submission screen, please consult the following benefit code grid **effective June 28, 2010:**

Benefit Code	Description of Therapeutic Massage Services
0280-1	Acute Impairment Care – Therapeutic massage used to assess, treat and provide self-care recommendations for physical pain and dysfunction resulting from recent injury or medical condition that is considered a temporary impairment and appropriate for massage therapy intervention and expected to be of short term duration.
0280-2	Chronic Impairment Care – Therapeutic massage used to assess, treat and provide self-care recommendations for chronic physical pain and dysfunction aimed at reducing the impairments for conditions appropriate for massage therapy or for patients who require ongoing episodes of care because of their clinical condition or the nature of the care being provided.
0280-3	Preventative Care – Therapeutic massage focusing on body structures and functions that are absent of impairments due to medical conditions, aimed to prevent impairments or optimize function.
0280-5	Esthetic Massage – Any massage therapy intervention that incorporates or has a component of the service considered an esthetic service(s) and not medically necessary, i.e., body wrap, body scrub, aromatherapy, facials or massage provided for free or offers a discounted spa esthetic service. Note: Any medically necessary therapeutic massage included in a spa/aesthetic package must be broken out separately on the receipt/invoice prior to submitting for reimbursement.
0280-6	Adjunctive Therapies – Services identified as being <i>complementary</i> or not within the <i>scope of practice</i> , (see schedule of adjunctive modalities attached).
0280-7	Missed Appointments – Charges for missed appointments
0280-8	Other

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SCHEDULE OF ADJUNCTIVE MODALITIES

There are a number of adjunctive modalities that can be integrated into a treatment plan by a Massage Therapist. These may be accepted and taught in some recognized massage educational institutions but do not fall within the generally accepted practice of the profession.

If the primary intent, focus and practical use of a modality are outside the definition of massage therapy's scope of practice, the modality is considered not to be part of the scope of practice.

The attached list* is a schedule of modalities that are NOT eligible under the Medavie Blue Cross massage therapy benefit and must be submitted under **0280-6**.

***This should not be interpreted as a complete list of activities outside the scope.**

Aboriginal Healing Acupuncture Alexander Technique Allergy Testing Aromatherapy Ayurvedic Medicine Bach Flower Therapy Biodynamics Biofeedback Chakra Balancing Colour Therapy Crystal/Gem Therapy Endermology Electrical therapy techniques including: a. IFC b. TENS c. Therapeutic Ultrasound d. Pulsed High Frequency e. Low Intensity Laser Therapy Feldenkrais Guided Imagery Hellerwork Herbology Homeopathy Inhalation Therapy Iridology Kinesiology Lypossage Meditation	Metaphysical Healing Muscle Activation Technique (M.A.T.) Nutrition Counselling Orthotics Osteopathy Personal Training Pilates Polarity Psychotherapy Quantum Zroid Biofeedback Raindrop Therapy Reflexology Reiki Religious/Spiritual Healing Sound Therapy Success Through Alignment Restoration (S.T.A.R.) Tai Chi Teaching/instruction of MT techniques to clients Therapeutic Touch / Healing Touch Touch for Health Traditional Chinese Herbal Medicine Trager Trigenics Watsu Yoga Zero Balancing
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APPENDIX B – PHYSIOTHERAPY Benefit Guidelines (Atlantic Provinces ONLY)



Physiotherapy Benefit

Please note that the services eligible for reimbursement under this benefit vary depending on the benefit plan chosen by the policyholder and not all services may be an eligible benefit for all subscribers. We encourage you or your patients to call our toll-free customer information line to determine benefit entitlement before obtaining services.

Benefit Grid:

0226-1 INITIAL VISIT / INITIAL EVALUATION
(*including the initial treatment, if performed)

0226-4 SUBSEQUENT SERVICES

PATIENT EDUCATION
Airway Clearance Methods (administration of or patient education for)
Balance Control
Body Mechanics / Movement Re-education
Mobility Skills
Pain Management
Prosthetic Training
Instruction for home exercise program / proper techniques
Instruction for use of braces and splints etc.

THERAPEUTIC MODALITIES

Cryotherapy
Cold Packs
Contoured Cryo-cuffs
Ice Massage
Ice Immersion and Cold Baths

Hydrotherapy
Contrast Baths
Whirlpools (and immersion baths)

Thermotherapy
Hydrocollator Packs (hot packs)
Paraffin Baths

Traction
Mechanical Cervical Traction
Mechanical Lumbar Traction

Soft Tissue Techniques
Massage Techniques
Stretching Techniques
Craniosacral Therapy
Myofascial Release
Strain Counterstrain
Breast Cancer Lymphedema Management Therapy
Therapy for Lymphatic Cording/Venous Sclerosing

Mobilization and Manipulation
Peripheral Manipulation
Spinal Manipulation
Peripheral Mobilization
Spinal Mobilization
Manual Cervical Traction
Manual Lumbar Traction
TMJ dysfunction treatment

Therapeutic Exercises
ROM Exercises
Proprioceptive Neuromuscular Facilitation (PNF)
Muscle Energy Techniques
Vestibular Rehabilitation

Electrotherapeutic
Acuhealth Unit

Diathermy
Electric Muscle Stimulator (EMS)
Interferential Current
Iontophoresis
Neuromuscular Electrical Stimulation (high and low voltage)
Pelvic Floor Stimulation (PFS)
Biofeedback/EMG
Transcutaneous Electrical Neural Stimulation (TENS)
Micro Current
Faradic Current
Galvanic Current
Diadynamic Current

Light Therapy
Laser Therapy
Ultraviolet Lights

Sound Therapy
Phonophoresis
Ultrasound
ESWT (ExtraCorporeal Shockwave Therapy)

Adjunctive Acupuncture
*Indicated for pain control / condition management

Other
Postural Taping
Taping (as it pertains to condition being treated)

0226-5 ADJUNCTIVE SERVICES

CONDITIONING PROGRAMS
Athletic Training / Conditioning
Cardiovascular Conditioning
Fitness Counseling / Fitness Training
Fitness Memberships / Fitness Testing
Work Conditioning / Hardening
Chemotherapy Patient Exercise Program

OTHER EVALUATIONS / ASSESSMENTS
Cardiac Risk Assessment
Ergonomic Assessments
Fitness Assessments / Appraisals
Functional Capacity Evaluation / Assessments
Health Care Planning Assessment
Job Site Evaluation

OTHER THERAPIES
Feldenkrais
Osteopathy
Relaxation Techniques
Preventive Athletic Taping (when not accompanied by a treatment)
Dietary / Nutritional Planning

PRODUCTS
Braces
Exercise Balls / Equipment
Orthotics
Splints

0226-7 MISSED APPOINTMENTS

FLY-040(01) 0206

**MEDAVIE BLUE CROSS
PROVIDER GUIDE**

APPENDIX C – CHIROPRACTOR Benefit Guidelines (Atlantic Provinces ONLY)



**CHIROPRACTIC
BENEFIT GRID**

Please note that the services eligible for reimbursement under this benefit vary depending on the benefit plan chosen by the policyholder and not all services may be an eligible benefit for all subscribers. We encourage you or your patients to call our toll-free customer information line to determine benefit entitlement before obtaining services.

0222-X X-Rays

0222-1 Initial Patient Evaluation

- Including initial treatment if performed

0222-2 Subsequent Treatments/ Visits

Manual Techniques

- Manipulation/Adjustment
- Mobilization
- Traction
- Soft tissue techniques
 - Massage techniques
 - Craniosacral Therapy
- Muscle Energy Techniques
 - Proprioceptive Neuromuscular Facilitation
 - Reciprocal Inhibition
 - Post Isometric Relaxation
 - Post Facilitation Stretch
- Myofacial Ischemic Compression / Myofacial Release
 - Trigger Point Release/ Pressure Point Therapy
 - Active Release Technique

Therapeutic Modalities

- TENS
- Ultrasound
- Interferential
- Laser therapy
- Microcurrent
- Muscle stimulator
- Adjunctive Acupuncture for pain management
- Percussion Instrument
- Hot / Cold packs
- Iontophoresis
- Diathermy

Manual Force, Mechanically Assisted Procedures

- Flexion – Distraction Table
- Drop Table

Mechanical Force, Manually Assisted Procedures

- Pelvic Blocks
- Mechanical Adjusting Devices

Patient Education

- Instruction on spinal care
- Ergonomic Recommendations / Comments
- Prescription for home exercise program
- Nutritional Comments / Education (as it pertains to the condition(s) being treated)

0222-3 Adjunctive Treatments

Alternative Therapies

- Neural Retraining Techniques (such as Feldenkrais and Alexander Method)

Rehabilitative Programs

- Athletic Conditioning
- Work Hardening
- Work Conditioning Program

Other Nutritional Therapies

- Nutritional supplements
- Naturopathic / Homeopathic Counseling
- Food allergy testing

Assessments and Evaluations

- Independent Chiropractic Examiner's Report
- Bioenergetic testing
- Metabolic Imbalance Testing
- Functional Capacity Evaluation
- Ergonomic Assessment
- Surface EMG / Thermal Scanning

0222-4 Missed Appointments

0222-5 Other

FLY-049(0) 0206

MEDAVIE BLUE CROSS PROVIDER GUIDE

APPENDIX D – VISION CLAIM FORM



VISION CLAIM FORM

PLEASE ATTACH ORIGINAL PAID-IN-FULL RECEIPTS

MEMBER INFORMATION		
ID Number: _____	Policy Number: _____	Date of Birth (DD/MM/YYYY): _____
Last Name: _____ First Name: _____		
Address: _____ City: _____ Province: _____ Postal Code: _____		
Home Telephone Number: _____ Work Telephone Number: _____		
Has your mailing address changed since your last claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, signature of member is required for validation: _____		

OTHER COVERAGE
Do you or any of your dependents have other coverage under any other plan? <input type="checkbox"/> No If applicable, please provide the Termination Date (dd/mm/yyyy): _____ <input checked="" type="checkbox"/> Yes Complete the following: Name of other Insurer: _____ Member Name: _____ ID Number: _____ Type of policy (✓): <input type="checkbox"/> Individual <input type="checkbox"/> Group Effective Date: _____ Policy Number: _____ Please indicate type of coverage (✓): <input type="checkbox"/> Hospital <input type="checkbox"/> Travel <input type="checkbox"/> Extended Health <input type="checkbox"/> Drugs <input type="checkbox"/> Vision <input checked="" type="checkbox"/> Dental <input type="checkbox"/> All

MEMBER STATEMENT
I hereby authorize any and all vision care providers to release to Medavie Blue Cross any information that relates to or supports claims submitted on my behalf, and certify that the information given is true, correct and complete to the best of my knowledge. I understand that the personal information provided herein, as well as any other personal information currently held or collected in the future by Medavie Blue Cross and/or Blue Cross Life Insurance Company of Canada may be collected, used or disclosed to administer the terms of my policy or the group policy of which I am an eligible member, to recommend suitable products and services to me and to manage Blue Cross's business. Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a third party. These third parties include other Blue Cross organizations, health care professionals or institutions, life and health insurers, government and regulatory authorities, the member of any policy under which I am a participant and other third parties when required to administer and manage the benefits outlined in the policy of which I am an eligible member. I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time, however, in some instances doing so may prevent Blue Cross from providing me with the requested coverage or benefits. I understand why my personal information is needed and I am aware of the risks and benefits of consenting or refusing to consent to its disclosure. I authorize Medavie Blue Cross to collect, use and disclose my personal information as described above. Signature <input checked="" type="checkbox"/> _____ Date: _____ (If under 18 years of age the signature of the member is required.) This consent complies with federal and provincial privacy laws. For additional information regarding privacy policies at Medavie Blue Cross, visit www.medavie.bluecross.ca or call 1-800-667-4511.

VISION CLAIM INFORMATION - To be completed by the Provider
Provider Name: _____ Provider No.: _____ Telephone: _____
Address: _____ City: _____ Province: _____ Postal Code: _____
Patient Name: _____ Date of Birth (DD/MM/YYYY): _____
Is this a new patient? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are lenses required due to a medical condition/disease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, state condition/disease: _____

Benefit Description	Date of Service DD/MM/YYYY <small>(Date Goods Paid-in-full)</small>	Charge <small>(Must be broken down by benefit description)</small>	Details of this prescription					Type of Right Lens:
			SPHERE	CYLND.	AXIS	PRISM	BASE	
Eye Examination								<input type="checkbox"/> Single <input type="checkbox"/> Bifocal <input type="checkbox"/> Multifocal <input type="checkbox"/> Progressive <input type="checkbox"/> Spherical <input type="checkbox"/> Compound <input type="checkbox"/> Hi Index <input type="checkbox"/> Polycarbonate <input type="checkbox"/> Aspheric <input type="checkbox"/> Slaboff
Frame								
Lens Right								Type of Left Lens: <input type="checkbox"/> Single <input type="checkbox"/> Bifocal <input type="checkbox"/> Multifocal <input type="checkbox"/> Progressive <input type="checkbox"/> Spherical <input type="checkbox"/> Compound <input type="checkbox"/> Hi Index <input type="checkbox"/> Polycarbonate <input type="checkbox"/> Aspheric <input type="checkbox"/> Slaboff
Lens Left								
Tinting								
UV Coating								
Anti-reflection Coating								
Plano Sunglasses								
Contact Lens Right								
Contact Lens Left								
Other *								
TOTAL								

* Description of Other: _____

The health care provider agrees that any person authorized by Medavie Blue Cross may have access to, take extracts from and make copies of any records respecting the provision of services provided to a participant and the cost of those services.

Signature of Provider: _____ Date: _____

MEDAVIE BLUE CROSS ADDRESSES			
New Brunswick and Prince Edward Island 644 Main St PO Box 220 Moncton NB E1C 8L3 Inquiries: 1-800-667-4511	Nova Scotia 230 Brownlow Ave, Dartmouth PO Box 2200 Halifax NS B3J 3C6 Inquiries: 1-800-667-4511	Newfoundland and Labrador 66 Kenmount Road, Suite 102 Kenmount Business Centre St. John's NL A1B 3V7 Inquiries: 1-800-667-4511	Ontario 185 The West Mall Suite 1200 Etobicoke ON M9C 5P1 Inquiries: 1-800-355-9133

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MEDAVIE BLUE CROSS PROVIDER GUIDE

APPENDIX E – PROVIDER CLAIM FORM



PROVIDER CLAIM FORM

MEMBER INFORMATION		
ID Number: _____	Policy Number: _____	Date of Birth (DD/MM/YYYY): _____
Last Name: _____		First Name: _____
Address: _____		City: _____ Province: _____ Postal Code: _____
Home Telephone Number: _____		Work Telephone Number: _____
Has your mailing address changed since your last claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, signature of member is required for validation: _____		

OTHER COVERAGE	OTHER INFORMATION
Do you or any dependents have coverage under any other plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No If applicable, please provide the Termination Date (dd/mm/yyyy): _____ <input type="checkbox"/> Yes Complete the following: Name of other Insurer: _____ Member Name: _____ ID Number: _____ Type of policy (✓): <input type="checkbox"/> Individual <input type="checkbox"/> Group Effective Date: _____ Policy Number: _____ Please indicate type of coverage (✓): <input type="checkbox"/> Hospital <input type="checkbox"/> Extended Health <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> HSA <input type="checkbox"/> Drugs <input type="checkbox"/> Travel <input type="checkbox"/> All	Was treatment the result of an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following and attach details of the accident. 1) Was treatment the result of an automobile accident? <input type="checkbox"/> Yes <input type="checkbox"/> No 2) Was treatment the result of an injury in the workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, has Worker's Compensation been advised? <input type="checkbox"/> Yes <input type="checkbox"/> No

MEMBER STATEMENT
I certify that I have not claimed and will not claim these expenses under any other insurance plan (unless indicated above) and that all information contained herein is correct. I hereby authorize any health care providers to release to Medavie Blue Cross any information that relates or supports claims submitted on my behalf and certify that the information given is true, correct and complete to the best of my knowledge. I understand that the personal information provided herein, as well as any other personal information currently held or collected in the future by Medavie Blue Cross and/or Blue Cross Life Insurance Company of Canada, may be collected, used or disclosed to administer the terms of my policy or the group policy of which I am an eligible member, to recommend suitable products and services to me and to manage Blue Cross's business. Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a third party. These third parties include other Blue Cross organizations, health care professionals or institutions, life and health insurers, government and regulatory authorities, the member of any policy under which I am a participant and other third parties when required to administer and manage the benefits outlined in the policy of which I am an eligible member. I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time, however, in some instances doing so may prevent Medavie Blue Cross from providing me with the requested coverage or benefits. I understand why my personal information is needed and I am aware of the risks and benefits of consenting or refusing to consent to its disclosure. I authorize Medavie Blue Cross to collect, use and disclose my personal information as described above. Signature <input checked="" type="checkbox"/> _____ Date _____ (If under 18 years of age, the signature of the member is required) This consent complies with federal and provincial privacy laws. For additional information regarding privacy policies at Medavie Blue Cross, visit www.medaviebluecross.ca or call 1-800-667-4511.

DETAILS OF CLAIM - To be completed by provider										
Provider Name _____			Provider No. _____			Telephone _____				
Address _____			City _____			Prov. _____		Postal Code _____		
Patient Name: _____			Diagnosis/description of presenting problem or complaint: _____							
<input type="checkbox"/> Written Referral by Physician Date of RX: _____ Name of Physician: _____			<input type="checkbox"/> Patient does not have a physician <input type="checkbox"/> Self-referred							
Date of Service			Select Provider Type (X)				Description of Services/Products	Location of Service <small>(home, hospital, clinic, other)</small>	Benefit Code* <small>(If Applicable)</small>	Charges
DD	MM	YYYY	Chiropractic	Physiotherapy	Massage Therapy	Other (specify)				
										\$
*Please consult the Medavie Blue Cross Benefit Grid									Total Charges: \$	
The health care provider agrees that any person authorized by Medavie Blue Cross may have access to, take extracts from and make copies of any records pertaining to the services listed above, respecting the provision of services provided to a participant and the cost of those services. Signature of Provider: <input checked="" type="checkbox"/> _____ Date: _____										

MEDAVIE BLUE CROSS ADDRESSES			
New Brunswick and Prince Edward Island 644 Main St PO Box 220 Moncton NB E1C 8L3 Inquiries: 1-800-667-4511	Nova Scotia 230 Brownlow Ave, Dartmouth PO Box 2200 Halifax NS B3J 3C6 Inquiries: 1-800-667-4511	Newfoundland and Labrador 66 Kenmount Road, Suite 102 Kenmount Business Centre St. John's NL A1B 3V7 Inquiries: 1-800-667-4511	Ontario 185 The West Mall Suite 1200 Etobicoke ON M9C 5P1 Inquiries: 1-800-355-9133

* Please ensure all areas are complete. * Please attach all original paid-in-full receipts.
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MEDAVIE BLUE CROSS PROVIDER GUIDE

APPENDIX F – MANAGING CHRONIC DISEASE PROVIDER Guidelines

This document is intended to provide approved providers with a clear understanding of the Managing Chronic Disease Benefit to ensure that submission of claims are within the intent of the benefit. Please note these services may not be an eligible benefit for all subscribers. We encourage you or your patients to call our toll-free customer information line to determine benefit entitlement before obtaining services.

“Approved Provider”

- Approved providers must meet the following criteria to be considered approved providers with Medavie Blue Cross for reimbursement of the modules under the Managing Chronic Disease benefit. Provider criteria specific to each module under the Managing Chronic Disease benefit can be found at www.medavie.bluecross.ca/HealthProfessionals be a licensed healthcare professional approved by Medavie Blue Cross **AND**
- have a current valid designated certification as required by Medavie Blue Cross

Supplemental to Government Policy:

No payment will be made for any health care services or supplies payable or available under Government Health Care Coverage or administered by government funded hospitals, agencies or providers. Medavie Blue Cross will pay eligible expenses in excess of Government Health Care Coverage allowances only where permitted by provincial legislation.

Benefit Description:

Medavie Blue Cross will provide reimbursement for one on one interventions, including:

- Initial consultation
- Counselling sessions
- Follow up sessions

Sessions may include the following:

- Assessment and education regarding the disease process (pathophysiology, symptoms, chronicity and prevention)
- Education regarding the disease including appropriate resources for the client (community resources available, written resources including on-line)
- Identifying and avoiding triggers
- Action plans
- Appropriate management of disease including pharmacological and non- pharmacological

MEDAVIE BLUE CROSS PROVIDER GUIDE

Reimbursement/fees:

- Medavie Blue Cross sets usual, reasonable and customary (U&C) reimbursement limits on all health services and expenses eligible under our health plans. The Managing Chronic Disease benefit has an overall annual combined maximum. In addition, a per-visit U&C maximum will also be applied. Providers cannot charge Medavie Blue Cross members for services that would be provided at no charge if the member was not covered under this benefit.

MEDAVIE BLUE CROSS PROVIDER GUIDE

Managing Chronic Disease Claim Form



MANAGING CHRONIC DISEASE CLAIM FORM

MEMBER INFORMATION	
ID Number: _____	Policy Number: _____
Provincial Health Plan No. (applies only to BC and SK residents): _____	Date of Birth (DD/MM/YYYY): _____
Last Name: _____	First Name: _____
Address: _____	City: _____ Province: _____ Postal Code: _____
Home Telephone No.: () _____	Work Telephone No.: () _____
Has your mailing address changed since your last claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, signature of member is required for validation: _____	

OTHER COVERAGE	OTHER INFORMATION
Do you or any of your dependents have coverage under any other plan? <input type="checkbox"/> No If applicable, please provide the termination date (dd/mm/yyyy): _____ <input type="checkbox"/> Yes If Yes, complete the following: Name of other Insurer: _____ Member Name: _____ ID Number: _____ Policy Number: _____ Type of policy (✓): <input type="checkbox"/> Individual <input type="checkbox"/> Group Effective Date: _____ Please indicate type of coverage (✓): <input type="checkbox"/> Hospital <input type="checkbox"/> Travel <input type="checkbox"/> Extended Health <input type="checkbox"/> Drugs <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/> All	Was the treatment the result of an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following and attach details of the accident. Was treatment the result of an injury in the workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has Worker's Compensation been advised? <input type="checkbox"/> Yes <input type="checkbox"/> No

MEMBER STATEMENT
I certify that I have not claimed and will not claim these expenses under any other insurance plan (unless indicated above), and that all information contained herein is correct. I hereby authorize the release of any information or records requested in respect to this claim to the insurer or its agents and certify that the information given is true, correct and complete to the best of my knowledge. I understand that the personal information provided herein, as well as any other personal information currently held or collected in the future by my Blue Cross plan may be collected, used, or disclosed to administer and manage the terms of my plan or the group plan of which I am an eligible member or dependent, to recommend suitable products and services to me, and to manage my Blue Cross plan's business. For the purposes listed above, limited personal information may be collected from and/or released to a third party. This third party may include another Blue Cross organization, a licensed physician, health care professional or institution, life and health insurer, government and regulatory authorities, the member of any plan under which I am a dependent or another third party. I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time, however, in some instances doing so may prevent my Blue Cross plan from providing me with the requested coverage or benefits. I understand why my personal information is needed and I am aware of the risks and benefits of consenting or refusing to consent to its disclosure. I authorize my Blue Cross plan to collect, use and disclose my personal information as described above. Signature _____ Date _____ (If under 18 years of age, the signature of the member is required) This consent complies with federal and provincial privacy laws. For additional information regarding your Blue Cross plan's privacy policies, call 1-888-873-9200.

DETAILS OF CLAIM - To be completed by provider																																							
Provider Name _____	Provider No. _____ Telephone _____																																						
Address _____	City _____ Prov. _____ Postal Code _____																																						
Patient Name: _____	Diagnosis: _____																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 2px;">Date of Service</th> <th rowspan="2" style="text-align: center; padding: 2px;">Description of Services/Products</th> <th rowspan="2" style="text-align: center; padding: 2px;">Charges</th> </tr> <tr> <th style="text-align: center; padding: 2px;">DD</th> <th style="text-align: center; padding: 2px;">MM</th> <th style="text-align: center; padding: 2px;">YYYY</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="4" style="text-align: right; padding: 2px;">FOR INTERNAL USE: Benefit Code 0390 with applicable sub-code.</td> <td style="text-align: right; padding: 2px;">Total Charges: \$</td> </tr> </tbody> </table>		Date of Service			Description of Services/Products	Charges	DD	MM	YYYY					\$																					FOR INTERNAL USE: Benefit Code 0390 with applicable sub-code.				Total Charges: \$
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The health care provider agrees that any person authorized by Medavie Blue Cross may have access to, take extracts from and make copies of any records pertaining to the services listed above, respecting the provision of services provided to a participant and the cost of those services. Signature of Provider: X _____ Date: _____																																							

ADDRESSES						
Atlantic Canada PO Box 220 644 Main St Moncton NB E1C 8L3	Quebec 550 Sherbrooke West PO Box 3300, Postal Station B Montreal QC H3B 4Y5	Ontario PO Box 2000 185 The West Mall Suite 1200 Etobicoke ON M9C 5P1	Manitoba PO Box 1046 Winnipeg MB R3C 2X7	Saskatchewan PO Box 4030 516 2nd Avenue N Saskatoon SK S7K 3T2	Alberta 10009 - 108th St NW Edmonton AB T5J 3C5	British Columbia PO Box 7000 Vancouver BC V6B 4E1
* Each plan is an independent licensee of the Canadian Association of Blue Cross Plans.						INQUIRIES: 1-888-873-9200

* Please ensure all areas are complete. Incomplete information may delay processing.
 * Please attach all original paid-in-full receipts.
 * Registered trademark of the Canadian Association of Blue Cross Plans, an association of Independent Blue Cross Plans.

FORM 848(2) 11/14