



# USER GUIDE

## Welcome to providerConnect™

providerConnect is a web-based portal for dental and health care providers offered in partnership with participating health benefit Carrier/Adjudicator/Third Party Payors.

### Here's what you can do...

- Instantly check plan member eligibility
- Submit claims for instant adjudication
- Sign up for direct deposit
- View and generate claim submission reports
- Assign payment of a claim directly to yourself, or alternatively, assign payment to the plan member when the plan member has already paid you for the service. Either choice allows both you and the plan member to know how much the Carrier/Adjudicator/Third Party Payor will reimburse for the service rendered.

### About this user guide

This guide provides details on how to get started with providerConnect, including registering, signing up for direct deposit, submitting online claims, and checking plan member eligibility.

### Questions?

Don't hesitate to [contact us](#) by telephone or email.

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## providerConnect Secure Services Features Summary

Here's a snapshot of the many daily tasks you can do once you have an active providerConnect user account.

providerConnect Menu Options	What You Can Do
1 View Statements and Payments	1) View statements and payments provided by the Carrier/Adjudicator/Third Party Payor
2 Claims Information	2) View all claims submitted by plan member ID
3 Claim Submission	3) Submit a claim for immediate processing
4 Reverse Claim	4) Reverse a claim
5 Claim Submission Report	5) View all the paid claims for a specific date
6 Send A Form Or Document	6) Send a form or document directly to the Carrier/Adjudicator/Third Party Payor or providerConnect
7 Benefit Eligibility	7) Verify the amount that would be paid by the adjudicator/carrier for a claim before submitting the actual claim
8 Direct Deposit	8) Set-up direct deposit or update direct deposit information
9 My Profile	9) Update user profile information
10 Help & News	10) Help & News - download the user guide and check out the latest news
11 Contact Us	11) Contact information for providerConnect and all participating Carrier/Adjudicator/Third Party Payors

## Benefit Eligibility

This feature allows you to verify the amount that would be paid by the Carrier/Adjudicator/Third Party Payor for a service before submitting the actual claim. You are not required to check benefit eligibility before submitting a claim. The benefit eligibility can be saved for up to 30 days and can be used to submit a claim any time within that 30-day period. When you save the benefit eligibility, only the responses to the questions are saved; the amount displayed on the results page is not saved. Benefit eligibility can be verified for only one type of service at a time. Should the plan member's eligibility change between the time that the benefit eligibility is checked and the time of the claim, the resulting payment may differ.

### How to Check Benefit Eligibility

The same information used to submit an actual claim is required to verify benefit eligibility. If you require additional information, please refer to the appendix for a detailed explanation of data requirements. Benefit eligibility has the same three steps as claim submission. **Similar to claim submission, a future date cannot be used when checking eligibility.**

1. Select the claim type.
2. Select the Carrier/Adjudicator/Third Party Payor, enter the plan member (cardholder) and payee information.
3. Enter the patient and claim information specific to the claim type selected.

#### Step 1 – Select the Claim Type

Note: If you can submit only one type of claim online, you will not see this page because the system will direct you to the Check Eligibility page in Step 2 after you select the Benefit Eligibility menu option. The claim type options listed on the page will be different for each provider type. The example below shows the two options available for a chiropractor.

1. Select **Benefit Eligibility** from the menu.
2. Select the claim submission type **click here** link.

#### Check Eligibility

Please select the type of benefit eligibility inquiry you wish to submit:

- To submit an eligibility inquiry for Chiropractic Treatment, click [here](#).
- To submit an eligibility inquiry for Medical Equipment / Device Claim, click [here](#).

## Step 2 – Select Carrier/Adjudicator/Third Party Payor, Enter Plan Member and Payee Information

Note: This section is the same for all providers and all claim types. The system requires the name and number of the plan member (cardholder) and the person who will receive the payment. The system requires the Carrier/Adjudicator/Third Party Payor name in this step because the Carrier/Adjudicator/Third Party Payor selected will dictate the patient and claim information required in Step 3.

1. Select the Carrier/Adjudicator/Third Party Payor.
2. Enter the plan member ID number.
3. Enter the plan member last name and first name.
4. Select the payee type.
5. Click the **Next** button.

Check Eligibility - The treatment type selected displays here

\* indicates a mandatory field.

**Plan Member (cardholder) Information**

Please enter the following information exactly as shown on the plan member's benefit card.

Carrier/Adjudicator/Third Party Payor:  1

Plan Member (cardholder) ID:  -00 2

Plan Member (cardholder) Last Name:  3

Plan Member (cardholder) First Name:  3

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**Payee**

Who is to receive payment? \*  Provider  Plan Member 4

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### Step 3 – Enter Patient and Claim Information

Note: The patient selection is the only required field that is the same for all claims for all providers. The remainder of the section will vary depending on the claim type selected. The patient information and claim information requirements are based on the Carrier/Adjudicator/Third Party Payor you select in Step 1. Please refer to the appendix for a more detailed explanation of the required information. The steps and example below are for a chiropractic claim.

1. Select the patient from the list.
2. Respond to the alternate group insurance questions.
3. Indicate if required due to an auto accident.
4. Indicate if required due to a work accident.
5. Indicate if a provincial plan is exhausted or not applicable.
6. Select a service from the list.
7. Enter the service date in YYYYMMDD format (e.g., 20150727 for July 27, 2015).
8. Enter the total amount of the visit.
9. Enter the provincial plan paid amount if you answered **No** to #5.
10. Enter the amount paid by the alternate Carrier/Adjudicator/Third Party Payor if you said **Yes** to first two questions in #2.
11. Select **Submit**.

The system displays the Check Eligibility results page.

Check Eligibility - The treatment type selected displays here

Here's what you have entered so far...

Carrier/Adjudicator/Third Party Payor:	The selected Carrier/Adjudicator/Third Party Payor displays here	Plan Member ID:	The card holder ID entered displays here
		Payee:	The payee selected displays here
		Plan Member Policy ID:	The Plan Member Policy ID entered displays here
		Plan Member Division ID:	The Plan Member Policy ID entered displays here
		Plan Member Certificate ID:	The Plan Member Certificate ID entered displays here

**Patient Information** \* indicates a mandatory field.

Patient:  1

Does the patient have any other Group insurance coverage that may include these services as benefits? 2  Yes  No ?

If Yes, has the claim been submitted to the alternate Carrier/Adjudicator/Third Party Payor?  Yes  No ?

If Yes, was the alternate Carrier/Adjudicator/Third Party Payor Green Shield Canada?  Yes  No

Is treatment required due to a motor vehicle accident? 3  Yes  No

Is treatment required due to a work related injury? 4  Yes  No

If Provincial Plan has a maximum, has it been exhausted? 5  Yes  No  Not Applicable ?

If Yes, please provide the date of the last visit covered by the Provincial Plan.  [yyyy mm dd]

**Claim Details**

Treatment Rendered* 6	Date of Treatment* 7 [yyyy mm dd]	Total Amount Of Visit \$* 8 [0.00] ?	Expected payment from Provincial Plan (if applicable) 9 [0.00] ?	Amount Paid by Alternate Carrier/Adjudicator/Third Party Payor \$ 10 [0.00] ?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Should there be a discrepancy between the results of this eligibility submission and Green Shield Canada's claim adjudication, Green Shield Canada's adjudication results will be used.

The eligibility information is subject to the status of the plan member's coverage today and may not reflect any recently submitted (but not processed) claims. Any change in coverage (including retroactive changes) may alter Green Shield Canada's liability.

By submitting this eligibility form, I acknowledge that the plan member/participant has given authorization to submit personal information to Green Shield Canada necessary for claims adjudication. I agree that the information provided is complete and accurate, to the best of my knowledge.

[Previous](#) [Submit](#)



## Benefit Eligibility Results

From the Check Eligibility results page you have the option of printing, saving, or submitting a claim.

1. To print the results select the **printer friendly version** link.
2. To save for up to 30 days, select **Save for Future Claim Submission**.
3. To submit a claim, select **Submit as Claim**.

(For more information on submitting a claim refer to Claim Submission on page 10.)

Check Eligibility - Claim Type Selected

### Submission Results For:

Provider: Provider ID and name displayed  
 Payee: The payee selected displays here  
 Submission Date: Date and time of benefit eligibility displayed

Plan Member ID: The card holder ID entered displays here  
 Patient Name: Patient last name, first name displayed  
 Carrier/Adjudicator/Third Party Payor Name: The selected Carrier/Adjudicator/Third Party Payor displays here

[\[ printer friendly version \]](#)

Service Date	Procedure Code	Service Description	Total Amount Of Visit (\$CDN)	Other Paid Amount (\$CDN)	Deduct Amount (\$CDN)	Co-pay Amount (\$CDN)	Paid Amount (\$CDN)
1 Nov 1, 2019	31002	Chiropractic Treatment	\$40.00	\$0.00	\$0.00	\$0.00	\$40.00

Amount the benefits provider will pay

**NOTE:** Should there be a discrepancy between the results of this eligibility submission and adjudication results will be used.

The eligibility information is subject to the status of the plan member's coverage today and may not reflect any recently submitted (but not processed) claims. Any change in coverage (including retroactive changes) may alter liability.

Use this eligibility information to submit a claim or save it for future submission

[Save for Future Claim Submission](#)

[Submit as Claim](#)

## Claim Submission

If you are submitting a recurring claim or have a benefit eligibility check on file for the patient, you can submit your claim even faster. Refer to the Recurring Claims or Benefit Eligibility sections to learn how.

### How to Submit a Claim

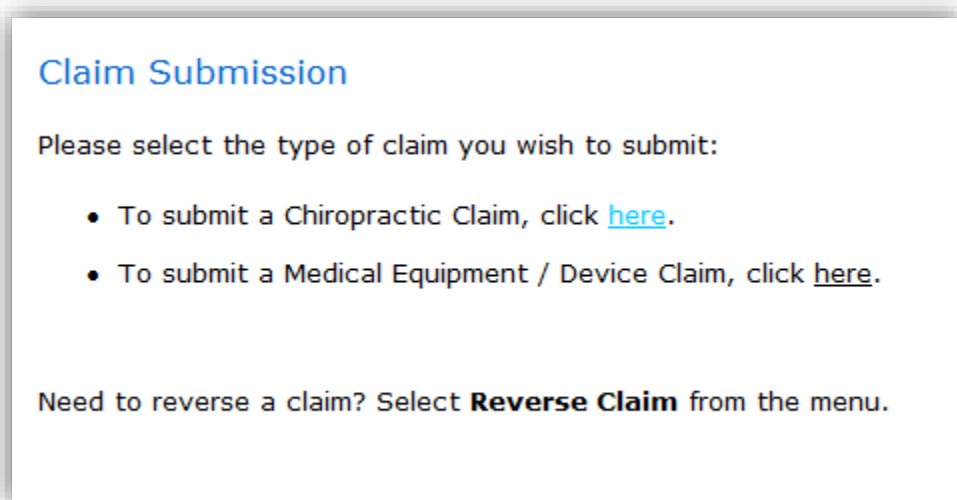
Submitting a claim consists of three main steps. The information required in Step 2 is the same for all claim types. The information required in Step 3 is different for each claim type. To obtain more details about the information required, please refer to the detailed explanation in the appendix. A future date cannot be used when submitting a claim. All claims must be dated either prior to the current date or with the current date.

1. Select the claim type.
2. Select Carrier/Adjudicator/Third Party Payor and enter the plan member (cardholder) and payee information.
3. Enter the patient and claim information specific to the claim type selected.

### Step 1 – Select the Claim Type

Note: If you can submit only one type of claim online, you will not see this page because the system will direct you to the Claim Submission page (Step 2) after you select the Claim Submission menu option. The claim type options listed on the page will be different for each provider type. The example below shows the two options available for a chiropractor.

1. Select **Claim Submission** from the menu.
2. Select the Claim Submission Type **click here** link.



## Step 2 – Select Carrier/Adjudicator/Third Party Payor and Enter Plan Member and Payee Information

Note: This section is the same for all providers and all claim types. The system requires the name and number of the plan member (cardholder) and the person who will receive the payment. The system requires the Carrier/Adjudicator/Third Party Payor name in this step, because the Carrier/Adjudicator/Third Party Payor selected will dictate the patient and claim information required in Step 3.

1. Select the Carrier/Adjudicator/Third Party Payor.
2. Enter the plan member ID number.
3. Enter the plan member last name and first name.
4. Select the payee type.
5. Click the **Next** button.

Claim Submission - Medical Equipment / Device

This page is the same for all claim types. You will see the claim type selected

\* indicates a mandatory field.

### Plan Member (cardholder) Information

Please enter the following information exactly as shown on the plan member's benefit card.

Carrier/Adjudicator/Third Party Payor:	<input type="text"/>	1
Plan Member (cardholder) ID:	<input type="text"/> -00	2
Plan Member (cardholder) Last Name:	<input type="text"/>	3
Plan Member (cardholder) First Name:	<input type="text"/>	

### Payee

Who is to receive payment? \*

Provider 4 **By selecting "Provider", I acknowledge that the plan member has authorized, in writing, payment to be made directly to me. (Written authorization must be kept on file).**

Plan Member **By selecting "Plan Member", I acknowledge that the claim has been paid for in full by the plan member. Please reimburse the plan member directly.**

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### Step 3 – Enter Patient and Claim Information

Note: Patient selection is the only required field that is the same for all claims for all providers. The remainder of the section is different depending on the claim type selected. The patient information and claim information requirements are based on the Carrier/Adjudicator/Third Party Payor you select in Step 1. Please refer to the appendix for a detailed explanation of the information required for this page.

1. Selected patient displays
2. Enter the required patient Information.
3. Enter the required claim Information.
4. Select **Submit**.

*The system displays the Claim Submission Results page.*

**Patient Information**

Patient:  
 Yes  No  No  No

Does the patient have any other Group insurance coverage that may include these services as benefits?  
 If Yes, has the claim been submitted to the alternate Carrier/Adjudicator/Third Party Payor?  
 If Yes, was the alternate Carrier/Adjudicator/Third Party Payor The selected Carrier/Adjudicator/Third Party Payor displays here

Is treatment required due to a motor vehicle accident?  
 If Yes, please provide the date of accident:

Is treatment required due to a work related injury?  
 If Yes, please provide the date of injury:

If Provincial Plan has a maximum, has it been exhausted?  
 If Yes, please provide the date of the last visit covered by the Provincial Plan.

Do you have a medical prescription to submit with this claim?  Yes  No

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**Claim Details**

Is GST/HST included in Total Amount of Visit?  Yes  No

	Treatment Rendered*	Primary Treatment Area*	Date of Treatment* [yyyy mm dd]	Total Amount Of Visit \$* [0.00]	Amount Billed to Provincial Plan (if applicable) [0.00]	Amount Paid by Alternate Carrier/Adjudicator/Third Party Payor \$ [0.00]	
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Clear Line"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Clear Line"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Clear Line"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Clear Line"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Clear Line"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Clear Line"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Clear Line"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Clear Line"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Clear Line"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Clear Line"/>

The submission of a false, incomplete, inaccurate and/or fraudulent claim is prohibited and may constitute as a criminal act. This action will result in removing access to submit claims via providerConnect™, as well as a notification to the appropriate Regulatory Agency(ies), Professional Associations and/or the appropriate legal/law enforcement agency. In addition, providerConnect™ Participating Carriers/Adjudicators/Third Party Payors reserve the right to undertake any action they deem necessary in the recovery of paid funds for any false, incomplete, inaccurate and/or fraudulent claimed amount. Please ensure the information is correct before proceeding. If you need to change the information, please click the Previous or Clear button to return to the claim submission form. Otherwise click the Submit button to submit the claim.

I agree that the information provided is complete and accurate, to the best of my knowledge.

## Claim Submission Results

When you submit a claim, the status of the claim on the Submission Results page will be one of three possibilities: 1) Awaiting Payment, 2) Denied, or 3) Pending.

Submission Result	Definition	Details
Awaiting Payment	Your claim was successfully submitted and it will pay the "Paid Amount" shown when payment is processed.	Payment will be made according the Carrier/Adjudicator/Third Party Payor's payment schedule. If you have signed up for direct deposit, your payment will be deposited in your bank account.
Denied	Your claim was successfully submitted but the payee will not be paid.	The claim could be denied for a variety of reasons. The most common is that the patient has exhausted their coverage. Please review the text displayed at the bottom of the service.
Pending	Your claim was submitted, but has not been processed.	The claim can "pend" for a variety of reasons. The most common is that the claim has been selected for audit. Please review the text displayed at the bottom of the service.

The amount that will be paid by the Carrier/Adjudicator/Third Party Payor to the payee (i.e., plan member or provider) is displayed in the "Paid Amount (\$CDN)" column. In the illustration below, line 1 of the claim pays \$42.50 and line 2 of the claim pays \$40. The amount paid is not necessarily the total amount of the visit less the copay. In line 2 of the claim result below, the claim pays \$40 dollars and not \$51 (\$60 minus \$9) because the patient has reached their maximum dollar amount allowed by the plan for this service type. Please refer to the text below each line for an explanation of any adjustments.

Service Date	Procedure Code	Service Description	Total Amount Of Visit (\$CDN)	Other Paid Amount (\$CDN)	Deduct Amount (\$CDN)	Co-pay Amount (\$CDN)	Paid Amount (\$CDN)	Claim Status
1 Jul 21, 2015	*50021	Chiropractor, follow-up visit	\$50.00	\$0.00	\$0.00	\$7.50	\$42.50	Awaiting Payment
Claim paid in accordance with the per visit amount allowed by the benefit plan. Any amount not paid by the alternate carrier may be resubmitted for payment under HCSA.								
2 Jul 21, 2015	*50025	Chiropractor, X-rays	\$60.00	\$0.00	\$0.00	\$9.00	\$40.00	Awaiting Payment
Any amount not paid by the alternate carrier may be resubmitted for payment under HCSA. Claim adjusted in accordance with the maximum dollar limit allowed by the benefit plan.								
<b>Total</b>			<b>\$110.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$16.50</b>	<b>\$82.50</b>	

## Recurring Claims

This feature allows you to submit new and recurring claims for your patient and have the claims processed immediately. Claim information is automatically pre-populated with information from the patient's previously submitted claim.

### How to Submit a Recurring Claim

Note: The system will automatically skip the Claim Submission landing page (Step 2), if you are able to submit only one type of claim. In Step 4a, the system will display previously submitted claims when the patient is selected.

1. Select **Claim Submission** from the menu.
2. On the Claim Submission page, select the type of claim you wish to submit.
3. On the Claim Submission page specific to the claim selected:
  - a) Select the Carrier/Adjudicator/Third Party Payor.
  - ~~b) Select benefits provider~~
  - c) Enter the plan member (cardholder) ID number.
  - d) Enter the plan member last name and first name.
  - e) Select the payee type.
  - f) Select the **Submit** button.
4. On the Claim Information page:
  - a) Select the patient.
  - b) Select a previously submitted claim.
  - c) Edit the claim form information as required and select **Submit**.

The system displays the Results page.

Claim Submission - Chiropractic

Here's what you have entered so far...

Carrier/Adjudicator/Third Party Payor:	Carrier/Adjudicator/Third Party Payor displays here	Plan Member ID:	The plan member ID displays here
		Payee:	The payee selected displays here

**Patient Information** \* indicates a mandatory field.

Patient: 00 - BRAYDEN GOULET

This is the most recent claim submitted for this patient. If you wish to use the same information to submit another claim, please click on the claim below. You will be able to update any of the fields below prior to submission.

Service Date	Service Description	Total Amount Of Visit \$
Nov 15, 2019	Chiropractic Treatment	\$50.00 <input type="button" value="Select"/>

## Reverse a Claim

You can reverse any pay provider claim submitted online through providerConnect that is awaiting payment or that has already been paid to you. If payment has been issued by the Carrier/Adjudicator/Third Party Payor to the plan member, i.e., for the full claim amount or a portion paid through a plan member's health care spending account (HCSA), you cannot reverse the claim using providerConnect. You will be required to submit a claim reversal form or contact your Carrier/Adjudicator/Third Party Payor directly.

You can reverse any pay plan member claim that is awaiting payment from the Claim Submission Results page using the link at the bottom of the page. Once you leave the Claim Submission Results page, you are required to submit a claim reversal form or contact your Carrier/Adjudicator/Third Party Payor to reverse the claim.

If the claim you wish to reverse is on a claim form that contains multiple claims, all claims linked to the claim form ID number will be reversed. Therefore, if you require that some but not all of the claims on the form to be reversed, you have two options:

- Complete a Claim Reversal Request form for the claim(s) that you want reversed, or
- Reverse all the claims on the claim form and re-enter the claims you want to submit.

To determine whether your claim can be reversed using the Reverse a Claim feature on providerConnect, refer to the table below.

Claim Payment Status	Payee	Claim Reversal Possible?	Result
Awaiting Payment	Provider	Yes	Claim reversed immediately Claim reversal functionality available immediately after submitting the claim or from the left hand menu. <i>Note: If there are multiple claims with the same claim form ID, all claims are reversed.</i>
Awaiting Payment	Plan Member	Yes	Claim reversed immediately. Claim reversal functionality only available immediately after submitting the claim. <i>Note: If there are multiple claims with the same claim form ID, all claims are reversed.</i>
Paid	Provider	Yes	1) Reverse the claim using the "Reverse Claim" feature and the amount of the claim will be deducted from your next payment, OR 2) Complete a Claim Reversal Request form and send it to the applicable Carrier/Adjudicator/Third Party Payor along with a refund cheque for the full amount of the claim.

Claim Payment Status	Payee	Claim Reversal Possible?	Result
			<i>Note: If a portion of the claim has been coordinated with the plan member's HCSA and paid to the plan member, you will NOT be able to reverse the claim.</i>
Paid	Plan member	No	When payment has already been issued to the plan member, you cannot reverse the claim.
Denied	Provider or plan member	No	This claim reversal feature is not available for claims with a status of "denied."
Pending	Provider or plan member	No	This claim reversal feature is not available for claims with a status of "pending."

## How to Reverse a Pay Plan Member Claim

Note: All pay plan member claims can only be reversed immediately after they are submitted. The Reverse Claim menu option cannot be used for pay plan member claims since you can only search for and reverse pay provider claims with this functionality.

1. Select To reverse this "Claim Submission Type", click here link
2. Select **Proceed with Claim Reversal**

The system will display the claim submission results page with a negative claimed amount when the reversal is complete.

Claim Submission Results Claim Type Selected

Submission Results For:

Provider: Provider ID and name displayed

Payee: The payee selected displays here

Submission Date: Date and time of benefit eligibility displayed

Plan Member ID: The card holder ID entered displays here

Patient Name: Patient last name, first name displayed

Carrier/Adjudicator/Third Party Payor Name: The selected Carrier/Adjudicator/Third Party Payor displays here

Service Date	Procedure Code	Service Description	Total Amount Of Visit (\$CDN)	Other Paid Amount (\$CDN)	Deduct Amount (\$CDN)	Co-pay Amount (\$CDN)	Paid Amount (\$CDN)	Claim Status
1 Nov 17, 2019	31002	Chiropractic Treatment	\$50.00	\$0.00	\$0.00	\$0.00	\$45.00	Awaiting Payment

[printer friendly version](#)

- Claim paid in accordance with the Reasonable and Customary amount allowed by the benefit plan.

Please note: you can use the Reverse Claim feature for claims you submit online through providerConnect. If the claim needs to be reversed and is payable to the plan member, please reverse the claim immediately after submission using the reverse claim link below.

- To reverse this Chiropractic Claim, click [here](#).
- To submit another Chiropractic Claim for the same patient, or for another member under this ID number, click [here](#).
- To submit another Chiropractic Claim, click [here](#).
- To obtain a claim reversal form, click [here](#).
- To view our payment schedules, click [here](#).



## Reverse Claim - Chiropractic

Provider:  
Payee:  
Submission Date:

Plan Member ID:  
Patient Name:  
Carrier/Adjudicator/Third Party Payor Name:

Service Date	Procedure Code	Service Description	Total Amount Of Visit (\$CDN)	Other Paid Amount (\$CDN)	Deduct Amount (\$CDN)	Co-pay Amount (\$CDN)	Paid Amount (\$CDN)	Claim Status
1 Nov 17, 2019	31002	Chiropractic Treatment	\$50.00	\$0.00	\$0.00	\$0.00	\$45.00	Awaiting Payment

2

## Claim Submission Results - Chiropractic

Submission Results For:

Provider:  
Payee:  
Submission Date:

Plan Member ID:  
Patient Name:  
Carrier/Adjudicator/Third Party Payor Name:

[ printer friendly version ]

Service Date	Procedure Code	Service Description	Total Amount Of Visit (\$CDN)	Other Paid Amount (\$CDN)	Deduct Amount (\$CDN)	Co-pay Amount (\$CDN)	Paid Amount (\$CDN)	Claim Status
1 Nov 17, 2019	31002	Chiropractic Treatment	-\$50.00	\$0.00	\$0.00	\$0.00	-\$45.00	Awaiting Payment

• Claim paid in accordance with the Reasonable and Customary amount allowed by the benefit plan.

- To submit another Chiropractic Claim for the same patient, or for another member under this ID number, click [here](#).
- To submit another Chiropractic Claim, click [here](#).
- To obtain a claim reversal form, click [here](#).
- To view our payment schedules, click [here](#).

Total amount paid is the amount that will be reversed. If the patient reaches the plan maximum and only a portion was paid, then the portion paid is the amount that will be reversed.

## How to Reverse a Pay Provider Claim

You have to option of reversing the claim immediately after you submit the claim by using the link on the Claim Submission Results page, or selecting **Reverse Claim** from the left hand menu and searching for the claim.

To reverse a pay provider claim using the link on the Claim Submission Results pages, please follow the instructions above in the **How to Reverse a Pay Plan Member Claim** section.

To reverse a pay provider claim using the left hand menu option, follow the steps below;

1. Select the **Reverse Claim** menu item.
2. Search for the claim using the Claims Information - Search.
3. Select the **Reverse Claim** button next to the claim that you would like to reverse.
4. Select the **Proceed with Claim Reversal** button to confirm the claim reversal.

Claims Information - Search 2

**If the claim was submitted and is payable to the plan member, you will have to contact the Carrier/Adjudicator/Third Party Payor to reverse the claim.**

Enter the following selection criteria to display your historical claims information.

\* indicates a mandatory field.

Carrier/Adjudicator/Third Party Payor:  ?

Plan Member ID:  ?

Display for what period:  Last 30 Days  Date Range (Must be within last 12 months) ?

Start Date:    [yyyy mm dd]

End Date:    [yyyy mm dd]

**Display Claims Information**

The system will display the claim submission results page with a negative claimed amount when the reversal is complete.

Claim Submission Results - Chiropractic

Submission Results For:

Provider: \_\_\_\_\_ Plan Member ID: \_\_\_\_\_  
 Payee: \_\_\_\_\_ Patient Name: \_\_\_\_\_  
 Submission Date: \_\_\_\_\_ Carrier/Adjudicator/Third Party Payor: \_\_\_\_\_  
 Benefits Provider: \_\_\_\_\_

Paid status indicates that the reversal was successful

[ printer friendly version ]

Service Date	Procedure Code	Service Description	Total Amount Of Visit (\$CDN)	Other Paid Amount (\$CDN)	Deduct Amount (\$CDN)	Co-pay Amount (\$CDN)	Paid Amount (\$CDN)	Claim Status
1 Jun 1, 2019	31002	Chiropractic Treatment	-\$50.00	\$0.00	\$0.00	\$0.00	-\$44.00	Paid

- Claim paid in accordance with the Reasonable and Customary amount allowed by the benefit plan.
- To submit another Chiropractic Claim for the same patient, or for another member under this ID number, click [here](#).
- To submit another Chiropractic Claim, click [here](#).
- To obtain a claim reversal form, click [here](#).
- To view our payment schedules, click [here](#).

The negative amount indicates that claim reversal was successful.

Claims Information - Search Results

Searched for: Plan Member ID: \_\_\_\_\_  
 Carrier/Adjudicator/Third Party Payor Name: \_\_\_\_\_  
 Benefits Provider: \_\_\_\_\_  
 Period: \_\_\_\_\_

Participant:

[ printer friendly version ]

**00: LACERTE, KEVIN**

Inquiry	Service Date	Procedure Code	Service Description	Claimed Amount (\$CDN)	Other Paid Amount (\$CDN)	Paid Amount (\$CDN)	Submission Type	Claim Status
<span style="border: 1px solid black; padding: 0 2px;">3</span> 1 <input type="checkbox"/>	Jun 25, 2019	31002	Chiropractic Treatment	\$50.00	\$0.00	\$44.00	OL	Paid <span style="border: 1px solid black; padding: 0 2px;">4</span> <a href="#">Reverse Claim</a>
Claim paid in accordance with the Reasonable and Customary amount allowed by the benefit plan.								
2 <input type="checkbox"/>	Jun 25, 2019	31010	Chiropractic X-Rays	\$60.00	\$0.00	\$60.00	OL	Paid <a href="#">Reverse Claim</a>

Please note: you can use the Reverse Claim feature for claims you submit online through providerConnect.  
 Date of Inquiry: 17/07/2019 10:16 AM EDT

- [Try New Search](#) [Send Inquiry](#) [Generate Statement](#) [Clear Checkmarks](#)

Reverse Claim - Chiropractic

Provider:  
 Payee: **Provider**  
 Submission Date: **17/07/2019 10:18:15 AM**

Plan Member ID:  
 Patient Name:  
 Carrier/Adjudicator/Third Party Payor Name:  
 Benefits Provider:

Service Date	Procedure Code	Service Description	Total Amount Of Visit (\$CDN)	Other Paid Amount (\$CDN)	Deduct Amount (\$CDN)	Co-pay Amount (\$CDN)	Paid Amount (\$CDN)	Claim Status
1 Jun 25, 2019	31002	Chiropractic Treatment	\$50.00	\$0.00	\$0.00	\$0.00	\$44.00	Paid
2 Jun 25, 2019	31010	Chiropractic X-Rays	\$60.00	\$0.00	\$0.00	\$0.00	\$60.00	Paid
<b>Total</b>			<b>\$110.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$104.00</b>	

• Payment has already been issued for this claim. You have two options:

5

- 1) Proceed with your request to reverse the claim and the amount of \$104.00 will be deducted from your next payment.
- 2) Complete a Claim Reversal Request Form and send with a refund cheque payable to (GSC) in the amount of \$104.00 to the address indicated on the form.

• You are requesting to reverse a claim submission with two or more claims. If you proceed, all claims in this transaction will be reversed. You have two options:  
 1) Click "Proceed with Claim Reversal" if you wish to proceed. You will need to re-enter the claim(s) that you want to submit.  
 2) Complete Carrier/Adjudicator/Third Party Payor Name; add the electronic form through providerConnect [here](#).

## Claim Reporting Functionality

To view claims that you have submitted for a patient, you have three different options available:

No	Report Option	Description
1	View Statements and Payments	Allows you to view the details for payments made according to the payment calendar.
2	Claims Information	Allows you to view a summary of the claims submitted for a date that you specify for the patient account that you currently have open. You can also generate a report, on demand, should you require one for the patient.
3	Claim Submission Report	Allows you to view a summary and details of the claims submitted for patients on a specified day

### View Statements and Payments

This feature allows you to view the details of payments made according to the payment calendar. You have the option of selecting all Carrier/Adjudicator/Third Party Payors or just one Carrier/Adjudicator/Third Party Payor, and searching by a specific patient or all. More details about the payment schedules are available on providerConnect. The payment schedules are accessible from the **What you need** menu option.

### How to Generate Statements and Payments Report

1. Select **View Statements and Payments** from the menu.
2. Select a Carrier/Adjudicator/Third Party Payor.
3. Select all plan members (i.e., patients) or enter a plan member ID number.
4. Select **Display Statements**.

#### Select Statement to View

Select the statements you would like to view. By selecting Green Shield Canada, your statement will include claims from all payors using GSC as its adjudicator.

\* indicates a mandatory field.

Carrier/Adjudicator/Third Party Payor: \*  ? 2

All Plan Members     Specific Plan Member 3

Plan Member ID: \*  ?

**Display Statements** 4

5. To view the statement, select the date link.
6. To view the payment information, select the blue "P" next to the date.
7. To send a payment inquiry email to the Carrier/Adjudicator/Third Party Payor from the Payment Information page, select the **Payment Inquiry** button, then enter your text and select submit.

## View Statement and Payment Information

Select the statement you would like to view.

Carrier/Adjudicator/Third Party Payor Name:  
All Plan Members

Carrier/Adjudicator/ Third Party  
Payor Name

Claims	
Statement Payment Date	Carrier/Adjudicator/Third Party Payor Name
<b>P</b> <a href="#">Dec 2, 2019</a>	Carrier/Adjudicator/ Third Party Payor Name
<b>P</b> <a href="#">Oct 23, 2019</a>	

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Select **P** to view payment information.

Carrier Logo

Provider Name:

Provider Number:

Payment Date: 2015/07/21

Cheque No.: 25836996

---

Claims for

Form Number	Reference Number	Service Date	Proc./DIN	Claim Description	Claimed	Eligible	Deductible	Copay	Paid	Submission type
341929153		2015/07/01	31001	Chiropractic , Initial	20.00	20.00	0.00	0.00	20.00	OLTP
341929153		2015/07/02	31002	Chiropractic Treatment	30.00	30.00	0.00	0.00	30.00	OLTP
341929153		2015/07/05	31010	Chiropractic X-Rays	40.00	40.00	0.00	0.00	40.00	OLTP
<b>Totals for</b>					<b>\$90.00</b>				<b>\$90.00</b>	

Claims for

Form Number	Reference Number	Service Date	Proc./DIN	Claim Description	Claimed	Eligible	Deductible	Copay	Paid	Submission type
341929154		2015/07/02	31001	Chiropractic , Initial	30.00	30.00	0.00	0.00	30.00	OLTP
341929154		2015/07/03	31002	Chiropractic Treatment	30.00	30.00	0.00	0.00	30.00	OLTP
341929154		2015/07/08	31010	Chiropractic X-Rays	50.00	50.00	0.00	0.00	50.00	OLTP
<b>Totals for</b>					<b>\$110.00</b>				<b>\$110.00</b>	

**Statement Totals**

Total Amount Claimed	\$200.00
Payment Amount	\$200.00

Sample statement:

## View Payment Information

Provider Number:	<input type="text" value="Provider Number"/>
Provider Name:	<input type="text" value="Provider Name"/>
Payment Method:	<b>Direct Deposit</b>
Carrier/Adjudicator/Third Party Payor:	<input type="text" value="Carrier/Adjudicator/ Third Party Payor Name"/>
Cheque Number:	<b>16103844</b>
Payment Amount:	<b>\$50.00</b>
Payment Currency:	<b>CAD</b>
Statement Date:	<b>Nov 29, 2019</b>
Deposit Date:	<b>Dec 2, 2019</b>

Date of Inquiry: Nov 29, 2019 - 15:34:34

7

Return to Search Results

Send Payment Inquiry

### Claims Information Report

This feature allows you to search for a specific patient using their ID number and obtain a report of all claims submitted within the date range specified. You can also generate a report with one or more transactions on demand, if required by you or the patient.

### How to Generate the Claims Information Report

1. Select **Claims Information** from the menu.
2. Select the Carrier/Adjudicator/Third Party Payor.
3. Enter the plan member ID number.
4. Select or enter your required date range.
5. Select the **Display Claims Information** button.
6. To print, select the **printer friendly version** link.
7. To generate a statement, select the required claims and click on **Generate Statement**.
8. To generate a new report, select **Try New Search**.

#### Claims Information - Search

Enter the following selection criteria to display your historical claims information.

\* indicates a mandatory field.

Carrier/Adjudicator/Third Party Payor: \*  ? 2

Plan Member ID: \*  ? 3

Display for what period:

Last 30 Days 4

Date Range (Must be within last 12 months) ?

Start Date:    [yyyy mm dd]

End Date:    [yyyy mm dd]

[Display Claims Information](#) 5

## Claims Information - Search Results

Searched for: Plan Member ID:   
 Carrier Name:   
 Period:

Participant:

[ printer friendly version ]

	Service Date	Procedure Code	Service Description	Claimed Amount (\$CDN)	Other Paid Amount (\$CDN)	Paid Amount (\$CDN)	Submission Type	Claim Status
1 <input type="checkbox"/>	Jul 27, 2015	*50020	Chiropractor, Initial	\$60.00	\$25.00		OL	Denied
Not a benefit when claims result from a work related injury.								
2 <input type="checkbox"/>	Jul 21, 2015	*50021	Chiropractor, subsequent	\$50.00	\$0.00		OL	Awaiting Payment
Claim paid in accordance with the per visit amount allowed by the benefit plan.								
3 <input type="checkbox"/>	Jul 21, 2015	*50025	Chiropractor, X-rays	\$60.00	\$0.00		OL	Awaiting Payment
Any amount not paid by the alternate carrier may be resubmitted for payment under HCSA.								
4 <input type="checkbox"/>	Jul 15, 2015	*50020	Chiropractor, Initial	\$60.00	\$0.00		OL	Awaiting Payment
Claim paid in accordance with the per visit amount allowed by the benefit plan.								

Date of Inquiry: 28/07/2015 6:27 PM EDT

[Try New Search](#)

[Generate Statement](#)

[Clear Checkmarks](#)

Sample statement:

Page: 1 of 1

Carrier logo displays

Participant Name:   
 Issue Date:

### Benefit Plan Claims

Claims for

Form Number	Reference Number	Service Date	Proc./DIN	Claim Description	Claimed	Eligible	Deductible	Per Service deductible	Co-insurance Reduction	Paid
341931074		2015/07/21	*50021	Chiropractor, subsequent	50.00	45.00	0.00	0.00	7.50	42.50
Claim paid in accordance with the per visit amount allowed by the benefit plan.										
341931074		2015/07/21	*50025	Chiropractor, X-rays	60.00	50.00	0.00	0.00	9.00	40.00
Any amount not paid by the alternate carrier may be resubmitted for payment under HCSA.										
<b>Benefit Plan Total</b>					<b>\$110.00</b>					<b>\$82.50</b>
<b>Totals for certificate</b>					<b>\$110.00</b>					<b>\$82.50</b>

### Statement Totals

Total Amount Claimed	\$110.00
Payment Amount	\$82.50



## Claims Submission Report

This feature allows you to view a summary and details of the claims submitted for patients on a specified day. The summary will display the total claims paid to each Carrier/Adjudicator/Third Party Payer by payee. You have the option to view the details and print the report.

### How to Generate the Claims Submission Report

1. Select **Claims Submission Report** from the menu.
2. Enter a date.
3. Select the **View Report** button.
4. To print, select the **printer friendly version** link.
5. To view the claim details, select **View Details**.
6. To download the report in csv format, select **Download Details**.

### Claim Submission Report

To view a report of electronic claims submitted through this online application on a specific day, please enter the date below.

\* indicates a mandatory field.

Claims Submitted on: \*    [yyyy mm dd] ?

[View Report](#)

### Claim Submission Totals Report

**Report Criteria:** Claims Submitted on:   
 Provider:

4 [\[ printer friendly version \]](#)

	Total Number Of Claims Submitted	Total Claimed Amount	Total Paid Amount
Provider displayed			
<b>Paid To Provider</b>	1	\$60.00	\$0.00
<b>Paid To Plan Member</b>	0	\$0.00	\$0.00
<b>Total</b>	1	\$60.00	\$0.00

Date of Inquiry: 28/07/2015 5:39 PM EDT

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6

[View Details](#)
[Download Details](#)

Claim Submission Details for Your name and provider number displays

Claims Submitted on Date selected displays

Provider ID and Name Displays

**Paid To Provider**

Patient	Plan Member ID	Service Date	Procedure Code	Service Description	Claimed Amount (\$CDN)	Other Paid Amount (\$CDN)	Paid Amount (\$CDN)	Carrier Name
The list of claims paid to the patient displays								
<b>Total</b>					\$60.00	\$25.00	\$0.00	

**Paid To Plan Member**

Patient	Plan Member ID	Service Date	Procedure Code	Service Description	Claimed Amount (\$CDN)	Other Paid Amount (\$CDN)	Paid Amount (\$CDN)	Carrier Name
The list of claims paid to you displays								
<b>Total</b>					\$0.00	\$0.00	\$0.00	
<b>Total for Provider:</b>					\$60.00	\$25.00	\$0.00	

[Print](#)

[Close Window](#)

## My Profile

This feature allows you to update the information in your profile.

No.	Profile Information	Update Time	When will changes take effect?
1	User Name	Immediate	Next time you sign in to providerConnect
2	Password	Immediate	Next time you sign in to providerConnect
3	Email address	Immediate	Next time you sign in to providerConnect
4	Challenge Question and Answer	Immediate	Next time you sign in to providerConnect
5	Business Telephone Number	Two business days	The update will be processed within two business days.
6	Business Name	Two business days	The update request will be processed within two business days.
7	Business Address	Two business days	The update request will be processed within two business days.
8	GST/HST/QST Registration Number	Immediate	Next time you sign in to providerConnect

### How to Update Your Profile

Note: The system requires that you enter your password when you select the **Submit** button before any changes are processed. The email address that you specify will be the one used by the password reset notification when the Forgot Password feature is used.

1. Select **My Profile** from the menu.
2. Modify the required information.
3. Select **Submit**.
4. Review your changes on the Confirmation page.
5. Select **Confirm** if the updates are correct. (Note: If your updates are not correct, choose the Back button to make your corrections.)
6. Enter your **password** when prompted by the system.

The system displays a confirmation page when the update is complete.

**Change My Profile**

You have chosen to update your profile. Make your changes to the form below and click the **Submit** button. Please remember never to give out your **User Name** or **Password**.

\* indicates a mandatory field

User Name: \*  ?

Email Address: \*  ?

Confirm Email Address: \*  ?

Business / Professional Name:

Primary Business Phone Number: (  )  -  ext.  ?

Primary Fax Phone Number: (  )  -

GST/HST Registration Number:

QST Registration Number:

**Business Primary Address**

Address Line 1: \*

Line 2:

Line 3:

City: \*  ▼

Province/State: \*  ▼

Country: \*  ▼

Postal/Zip Code: \*

**Change Password Information**

Current Password: \*  ?

New Password:  ?

Confirm New Password:  ?

**Change Challenge Information**

Challenge Question:  ▼ ?

Challenge Answer:  ?

## Direct Deposit

Once you have a providerConnect Secure Services online account, you have the option of signing up for direct deposit. Your bank transit number, bank number, and account number are required.

### How to Sign Up for Direct Deposit

Note: You have the option of hiding your banking information so that it is not visible in your providerConnect Secure Services online account. If you choose to hide your banking information, any future updates must be made by the providerConnect team through the Send Form or Document section.

1. Select **Direct Deposit** from the menu.
2. Enter your transit number, bank number, and account number.
3. Confirm whether you want to receive your statement notification by email.
4. Enter the effective date of the direct deposit information.
5. Check the box if you wish to hide your banking information.
6. Check the box next to the Direct Deposit Agreement.
7. Select the **Submit** button.

## Update Bank Account Information

If your bank account information will be changing in the future, you can enter the future bank account information in this section and specify an effective date. On the effective date specified, the new bank account information will replace the current bank account information.

I authorize you to deposit funds directly into this bank account. I understand that I will no longer receive benefit statements in the mail. My statements will only be available online.



<b>Transit Number*</b>	<b>Bank Number*</b>	<b>Account Number*</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>

- \*  **Yes**  I wish to receive an email notice as new statements are available.  
 **No**  I do not wish to receive an email notice as new statements are available. I will access my statements as needed through this website.

**Effective Date:** \*    [yyyy mm dd]  (Effective date must be at least 1 day in the future)

I request that my banking information be hidden in providerConnect Secure Services. I understand that once this is hidden on providerConnect, any future changes to my banking information must be done by providerConnect. I must fill out and submit the [Provider Banking Information Update](#) form and attach a void cheque or deposit slip with the new banking information. My banking information will be updated by providerConnect within 2 business days.

**NOTE:** You will require Adobe® Acrobat® Reader® to view your statements.



## Email Address

### Current Email Address

To update your email address, click the [My Profile](#) menu option.

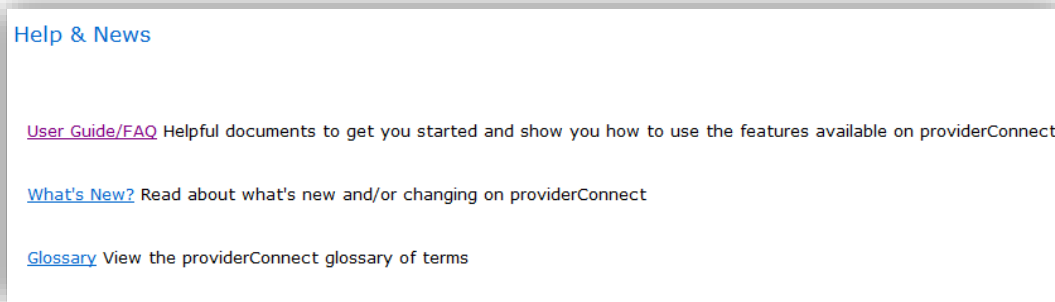
## Direct Deposit Agreement

\*  Check this box to confirm that you authorize that your payment method is Direct Deposit for all Participating Carriers/Adjudicators/Third Party Payors outlined in Schedule A within your Agreement.

Date of Inquiry: 03/12/2019 8:33 AM EST

## Help & News

Once you have a providerConnect Secure Services online account, you have access to the Help & News information page where you can find out more about providerConnect features, and the latest news. To access this page, sign in to providerConnect, then click the **Help & News** menu option.



[Help & News](#)

[User Guide/FAQ](#) Helpful documents to get you started and show you how to use the features available on providerConnect

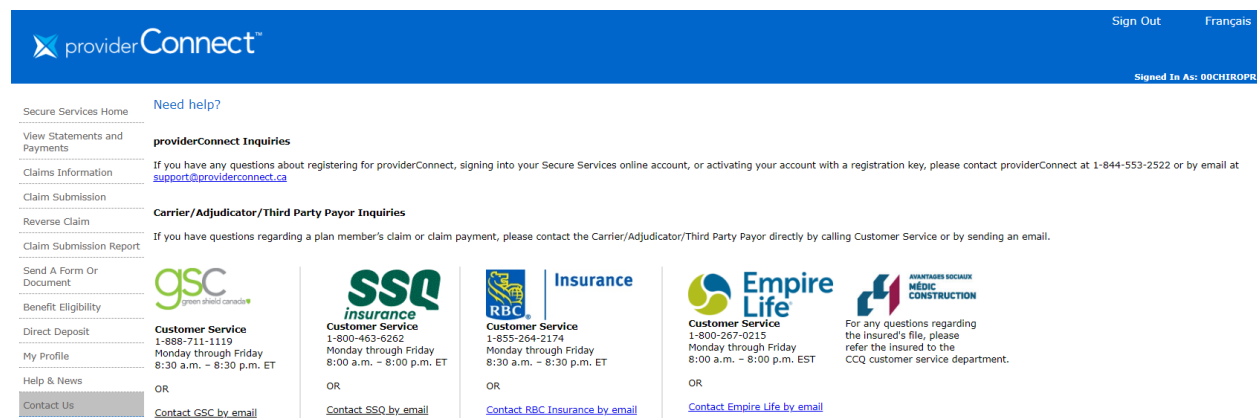
[What's New?](#) Read about what's new and/or changing on providerConnect

[Glossary](#) View the providerConnect glossary of terms

## Contact Us

If you have any questions about providerConnect functionality, including registering for providerConnect, signing into your Secure Services online account, or submitting claims, you can contact providerConnect by email or telephone. Select the **Contact Us** menu option from the providerConnect home page or from your Secure Services account.

If you have any questions related to a patient's claim or claim payment, please contact the Carrier/Adjudicator/Third Party Payor directly; the email and Customer Service telephone numbers for each Carrier/Adjudicator/Third Party Payor are displayed on the Contact Us page.



providerConnect™ Sign Out Français Signed In As: 00CHIROPR

Secure Services Home [Need help?](#)

View Statements and Payments **providerConnect Inquiries**

Claims Information If you have any questions about registering for providerConnect, signing into your Secure Services online account, or activating your account with a registration key, please contact providerConnect at 1-844-553-2522 or by email at [support@providerconnect.ca](mailto:support@providerconnect.ca)

Claim Submission **Carrier/Adjudicator/Third Party Payor Inquiries**

Reverse Claim If you have questions regarding a plan member's claim or claim payment, please contact the Carrier/Adjudicator/Third Party Payor directly by calling Customer Service or by sending an email.

Claim Submission Report

Send A Form Or Document

Benefit Eligibility

Direct Deposit

My Profile

Help & News

Contact Us

**gsc** green shield canada  
Customer Service  
1-888-711-1119  
Monday through Friday  
8:30 a.m. – 8:30 p.m. ET  
OR  
[Contact GSC by email](#)

**SSQ** insurance  
Customer Service  
1-800-463-6262  
Monday through Friday  
8:00 a.m. – 8:00 p.m. ET  
OR  
[Contact SSQ by email](#)

**RBC** Insurance  
Customer Service  
1-855-264-2174  
Monday through Friday  
8:30 a.m. – 8:30 p.m. ET  
OR  
[Contact RBC Insurance by email](#)

**Empire Life**  
Customer Service  
1-800-267-0215  
Monday through Friday  
8:00 a.m. – 8:00 p.m. EST  
OR  
[Contact Empire Life by email](#)

**AVANTAGES SOCIAUX MÉDIC CONSTRUCTION**  
For any questions regarding the insured's file, please refer the insured to the CCQ customer service department.

## Appendix – Claim Submission Data Requirements Details

Information required on the Claim Details page for the patient and the claim is the same for chiropractic, acupuncture, massage, and physiotherapy claims. Data requirements for other claim types will vary. The example below is for a chiropractic claim.

### Chiropractic Claim Example

#### Patient Information

This part of the claim submission requires information about the patient, the patient's coverage with another Carrier/Adjudicator/Third Party Payor, provincial plan, referring practitioner, and if the service is required due to an auto or work accident.

1. Patient Name
  - Select the patient from the list.
  - The plan member (cardholder) and all dependents are included on the list and ordered according to the number associated with their name. Therefore, the plan member is first as the "oo," followed by the dependents.
2. Other group insurance coverage. Note: If you indicate that a claim was submitted to another Carrier/Adjudicator/Third Party Payor, you are required to provide the amount in the Claim information section.
  - If the patient does **not** have other group insurance, select **No**.
  - If the patient has coverage with another Carrier/Adjudicator/Third Party Payor, select **Yes**. After indicating **Yes**, you are required to indicate whether a claim has already been submitted to the other Carrier/Adjudicator/Third Party Payor:
    - Select **Yes**, if a claim has been submitted.
    - Select **No**, if a claim has not been submitted.
  - If you select **Yes** to the question above, you are required to indicate whether the Carrier/Adjudicator/Third Party Payor is the same Carrier/Adjudicator/Third Party Payor as the adjudicator/carrier for this claim (i.e., the Carrier/Adjudicator/Third Party Payor you selected in Step 2 – Select Carrier/Adjudicator/Third Party Payor, Enter Plan Member and Payee Information on page 7).
3. Accident
  - If the service is **not** required due to a motor vehicle accident, select **No**.
  - If the service is required due to a motor vehicle accident, select **Yes**. After selecting **Yes**, you are required to enter the accident date in YYYY MM DD format (e.g., 2015 07 27 for July 27, 2015).
4. Work Related Injury
  - If the service is **not** required due to a work accident, select **No**.

- If the service is required due to a work accident, select **Yes**.  
After you select **Yes**, the accident date and case number are required. Accident date is required in in YYYY MM DD format (e.g., 2015 07 27 for July 27, 2015).

5. Provincial plan maximum exhausted

Note: Provincial plans vary, therefore, please ensure you select the correct option applicable for your province. If you select **No**, the system requires the amount billed to the province.

- If there is no provincial plan for the service type, select **Not Applicable**.
- If there is provincial plan for the service type, and the maximum is not exhausted, select **No**.
- If there is provincial plan for the service type, and the maximum has been exhausted, select **Yes**. When you select **Yes**, you are required to enter the date.

6. Medical prescription question

- If you have a medical prescription to submit with the claim select **Yes**.
- When you select **Yes** you are required to provide the date of the prescription and select the medical professional who provided the prescription from the drop down menu.
- If you do not have a medical prescription to submit, select **NO**.

**Patient Information**

Patient: \*  1

Does the patient have any other Group insurance coverage that may include these services as benefits? 2 \*  Yes  No ?

If Yes, has the claim been submitted to the alternate carrier?  Yes  No ?

If Yes, was the alternate carrier

Is treatment required due to a motor vehicle accident? 3 \*  Yes  No

If Yes, please provide the date of accident:    [yyyy mm dd]

Is treatment required due to a work related injury? 4 \*  Yes  No

If Yes, please provide the date of injury:    [yyyy mm dd]

If Yes, please provide the Case #:

If Provincial Plan has a maximum, has it been exhausted? 5 \*  Yes  No  Not Applicable ?

If Yes, please provide the date of the last visit covered by the Provincial Plan.    [yyyy mm dd]

Do you have a medical prescription to submit with this claim? 6 \*  Yes  No

Please enter the date of the prescription and select the medical professional who provided the prescription from the drop down menu. Please remember to keep the prescription in the patient's health record should we require a copy. We reserve the right to view this prescription upon request.

[yyyy mm dd]

?



## Claim Information

The part of the claim that is about the service rendered, the cost of the service, and the total cost breakdown (i.e., whether GST/HST is included and/or whether part of the cost is covered by the provincial plan or another Carrier/Adjudicator/Third Party Payor).

1. GST/HST
  - If GST/HST is included in the total amount of the service, select **Yes**.
  - If GST/HST is **not** included in the total amount of the service, select **No**.
2. Service/Treatment Type Rendered
  - Select the service or treatment rendered. All services/treatments that are available on providerConnect for the claim type you selected are in the drop-down list.
3. Service/Treatment Date
  - Enter the date as YYYY MM DD format (e.g., 2015/07/27 for July 27, 2015). The date must be the current date or before. A claim cannot be a future dated.
4. Total Amount of Visit
  - Enter the total amount that was charged for the treatment rendered.
5. Amount Billed to Provincial Plan
  - You are required to enter an amount only if you selected **No** selected in #5 of the Patient Information section.
6. Amount Paid by the Alternate Carrier/Adjudicator/Third Party Payor
  - You are required to enter an amount only if you indicated that a claim has been paid by another Carrier/Adjudicator/Third Party Payor in in #2 of the Patient Information section

**Claim Details**

Is GST/HST included in Total Amount Of Visit? \*  Yes  No 1

	2 Treatment Rendered*	3 Date of Treatment* [yyyy mm dd]	4 Total Amount Of Visit \$* [0.00] ?	5 Amount Billed to Provincial Plan (if applicable) [0.00] ?	6 Amount Paid by Alternate Carrier \$ [0.00] ?	
1.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">Clear Line</a>
2.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">Clear Line</a>
3.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">Clear Line</a>
4.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">Clear Line</a>
5.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">Clear Line</a>
6.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">Clear Line</a>
7.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">Clear Line</a>
8.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">Clear Line</a>
9.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">Clear Line</a>
10.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">Clear Line</a>

## Medical Items Example

Patient information required on the Claim Details page is similar for most claim types. Claim information required can vary or be completely different, depending on the claim type. The example below is for a medical item claim. The claim information required in this example differs from a health care professional claim.

### Patient Information

This part of the claim submission requires information about the patient, the patient's coverage with another Carrier/Adjudicator/Third Party Payor, provincial plan, referring practitioner, and whether the service is required due to an auto or work accident.

1. Patient name
  - Select the patient from the list.
  - The plan member (cardholder) and all dependents are in the list and ordered according to the number associated with their name. Therefore, the plan member is first as the "00," followed by the dependents.
2. Other group insurance coverage.

Note: If you indicate that a claim was submitted to another Carrier/Adjudicator/Third Party Payor, you are required to provide the amount in the Claim information section.

- If the patient does not have other group insurance, select **No**.
  - If the patient has coverage with another Carrier/Adjudicator/Third Party Payor, select **Yes**.
    - After indicating **Yes**, you are required to indicate whether a claim has already been submitted to the other Carrier/Adjudicator/Third Party Payor.
      - Select **Yes**, if a claim has been submitted
      - Select **No**, if a claim has not been submitted
    - If you select **Yes** to the question above, you are required to indicate whether the Carrier/Adjudicator/Third Party Payor is the same Carrier/Adjudicator/Third Party Payor as the Carrier/Adjudicator/Third Party Payor for this claim.
3. Accident
    - If the service is not required due to a motor vehicle accident, select **No**.
    - If the service is required due to a motor vehicle accident, select **Yes**.
      - After selecting **Yes**, you are required to enter the accident date in YYYY MM DD format (e.g. 2015 07 27 for July 27, 2015).
  4. Work-related injury
    - a. If the service is not required due to a work accident, select **No**.
    - b. If the service is required due to a work accident, select **Yes**.

- After you select **Yes**, accident date and case number are required.
- Accident date is required in YYYY MM DD format (e.g., 2015 07 27 for July 27, 2015).

5. Item usage for sports purposes

- If the medical item will not be used for sports purposes, select **No**.
- If the medical item will be used for sports purposes only, select **Yes**.

The screenshot shows a 'Patient Information' form with the following fields and callouts:

- 1**: Patient dropdown menu.
- 2**: Radio buttons for 'Does the patient have any other Group insurance coverage that may include these services as benefits?' (Yes/No).
- 3**: Radio buttons for 'Is treatment required due to a motor vehicle accident?' (Yes/No) and a date input field for 'If Yes, please provide the date of accident:'.
- 4**: Radio buttons for 'Is treatment required due to a work related injury?' (Yes/No) and input fields for 'If Yes, please provide the date of injury:' and 'If Yes, please provide the Case #:'.
- 5**: Radio buttons for 'Is the item for sport purposes only?' (Yes/No).

### Claim Information

This part of the claim is about the service rendered, the cost of the service, and the total cost breakdown (i.e., if GST/HST is included and/or if part of the cost is covered by the provincial plan or another Carrier/Adjudicator/Third Party Payor). You have the option of entering up to four medical items in the same claim for the same patient, if required. The Carrier/Adjudicator/Third Party Payor may require that the cost of a medical item be submitted to the provincial program before processing the claim, when provincial funds are available for the item. Medical authorization may be required and may vary by Carrier/Adjudicator/Third Party Payor. For two of the same medical item, only one referral is required. For example, if two mastectomy bras are purchased, the same medical authorization can be used for both.

Please ensure that the total amount is relevant for the quantity selected. Enter a quantity of two or more for the same medical items **only** if the medical items are all the same price. For example, if the plan member received two pairs of compression stockings that were \$50 each, enter one line item, quantity of two and total amount of \$100. If the plan member received two pairs of compression stockings and one pair is \$40 and the other is \$60, then enter two line items. Please select "No" to the tax question.

When you enter a quantity of two or more for a medical item, the system will process the claim as if all medical items are all the same price. The system divides the total amount by the quantity to determine the amount per item. The system uses the calculated amount to determine the allowed amount and use the quantity entered to determine allowed frequency.

1. Item type

- Select the service or treatment rendered from the drop down list.
- All services/treatments available on providerConnect for the claim type you select are in the drop-down list. If the medical item is not in the list, please submit your claim manually.

2. Item pick up date

Note: The date must be the current date or before. A claim cannot be future dated.

- Enter the date when the patient received the medical item.
- The date is in YYYY MM DD format (e.g., 2015/07/27 for July 27, 2015).

3. Quantity

- Enter the total number of the medical item type that the patient received.
- For example, if the patient received two canes, enter 2 as the quantity if the canes are the same price. If the canes are priced differently, enter a line item for each cane.

4. Total amount of visit/total amount charged

- Enter the total amount for all medical items for the entry.
- For example, if the patient received two canes, the quantity is two the total amount is the price of the cane multiplied by two.

5. Amount billed to provincial plan

- Provincial plans vary, therefore, please ensure you enter the correct information applicable for your province.
- Note: If there is provincial coverage available but the province is not paying anything, \$0.00 must be entered in the "Amount Billed to Provincial Plan" field.
- Enter the amount paid by the province for the medical item.

6. Amount paid by the other Carrier/Adjudicator/Third Party Payor

- You are required to enter an amount only if you indicated that a claim has been paid by another Carrier/Adjudicator/Third Party Payor in #2 of the Patient Information section

7. GST/HST and PST

- Indicate whether GST/HST or PST is included in the total.
  - The default is **No**.
8. Indicate the date that authorization was received from a medical doctor.
- Medical authorization date is normally the prescription date.
  - If the medical item requires authorization, the claim will deny if the date is not entered.
  - If the patient has separate medical authorizations for each medical item you are required to submit two claims (i.e., enter two lines in the claim details section).
9. Select **Submit**.

The screenshot shows the 'Claim Details' form with the following structure:

1	2	3	4	5	6
Item Description*	Pick Up Date* [yyyy mm dd]	Quantity*	Total Amount Charged \$* [0.00]	Amount Billed to Provincial Plan (if applicable) [0.00]	Amount Paid by Alternate Carrier \$ [0.00]
1. [Dropdown] [Date] [Quantity]	[Date]	[Quantity]	[Amount]	[Amount]	[Amount]
GST/HST included in Total* [No] <span>7</span> PST included in Total* [No]		Please provide the date of written authorization from a medical doctor (if applicable). [Date] <span>8</span>			
[Clear Line]					
2. [Dropdown] [Date] [Quantity]	[Date]	[Quantity]	[Amount]	[Amount]	[Amount]
GST/HST included in Total* [No] PST included in Total* [No]		Please provide the date of written authorization from a medical doctor (if applicable). [Date]			
[Clear Line]					
3. [Dropdown] [Date] [Quantity]	[Date]	[Quantity]	[Amount]	[Amount]	[Amount]
GST/HST included in Total* [No] PST included in Total* [No]		Please provide the date of written authorization from a medical doctor (if applicable). [Date]			
[Clear Line]					
4. [Dropdown] [Date] [Quantity]	[Date]	[Quantity]	[Amount]	[Amount]	[Amount]
GST/HST included in Total* [No] PST included in Total* [No]		Please provide the date of written authorization from a medical doctor (if applicable). [Date]			
[Clear Line]					
[Previous] [Submit] <span>9</span>					