


PO Box 4030 516 2nd Avenue North Saskatoon SK S7K 3T2
Telephone (306) 244-1192 Fax (306) 652-5751

 **PLEASE NOTE:** SEE REVERSE SIDE FOR DETAILS ON HOW TO SUBMIT YOUR CLAIM.
PLEASE RECORD THE TOTAL NUMBER OF RECEIPTS SUBMITTED.

CLIENT INFORMATION (Please Print)						
Policy Number	ID Number/BC Number	Provincial Health Number	Date of Birth	YYYY	MM	DD
Member Surname			First Name			
HAS YOUR ADDRESS CHANGED IN THE PAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO Date Moved _____	Street Address / Box No					
	City or Town			Postal Code		
	Home Phone No. ()			Work Phone No. ()		

SPOUSAL/DEPENDENT INFORMATION							
Relationship to Member	First Name	Surname <small>(If different than member surname)</small>	Date of Birth			Provincial Health Number	DEPENDENT INFORMATION <small>For any over-age dependents (as defined in your policy), please indicate name of full-time educational facility being attended.</small> Name of School
			YYYY	MM	DD		
1	SPOUSE						
2	CHILD						
3	CHILD						
4	CHILD						
5	CHILD						

OTHER COVERAGE
Are you or your dependents entitled to receive comparable benefits from any other insurance company, health benefits company, or other Saskatchewan Blue Cross plan? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, please indicate the following: <input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Drugs
Name of insurance company or other health benefits company or, if other Blue Cross coverage, name of employer: _____
Name of insured/policyholder: _____
Date of birth (YYYY/MM/DD): _____
Policy Identification Number or Blue Cross Policy, Section & Identification Number: _____
Effective date: _____
Cancel date: _____

AUTHORIZATION AND CONSENT			
<p>I certify all information submitted is true and complete and I have not claimed and will not claim these expenses under any other insurance plan (unless indicated above). I acknowledge my understanding of the purpose for which personal information is collected, used, and disclosed and consent to use of this information for myself and/or any covered dependent in accordance with the privacy protection practices of Saskatchewan Blue Cross and/or Blue Cross Life Insurance Company of Canada or any other parties as required in order to administer and/or confirm the accuracy of this claim. I understand I may revoke my consent at any time. Privacy Policy information is available at www.sk.bluecross.ca or by calling 1-800-667-6853. A photocopy of this authorization and consent shall be as valid as the original. This consent complies with federal and provincial privacy laws.</p>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">NAME OF CLAIMANT (please print)</td> <td style="width: 33%; border: none;">SIGNATURE OF CLAIMANT / MEMBER</td> <td style="width: 33%; border: none;">DATE</td> </tr> </table>	NAME OF CLAIMANT (please print)	SIGNATURE OF CLAIMANT / MEMBER	DATE
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HOW TO CLAIM FOR EXTENDED HEALTH BENEFIT EXPENSES

To ensure prompt handling of your claim, please follow instructions carefully.

COMPLETING THE FORM

This form is to be completed for expenses incurred in your province of residence. Expenses incurred outside your province of residence must be claimed on a separate *Application for Emergency Out-of-Province Hospital/Medical Expenses* form. Please call our office to obtain a copy of this form.

For all dental services, including accidental dental claims, please use the *Standard Dental Claim Form* available from your dental office.

1. Please ensure the form is complete and you have signed the form. All four sections must be completed before your claim can be processed.
2. Complete the **Client Information** section. Note: Your Policy Number and ID Number may be the same. Please refer to your Saskatchewan Blue Cross ID card.
3. If you are claiming for your spouse, and/or dependents, please include them in the **Spousal/Dependent Information** section.
4. If you, your spouse, or any dependents are entitled to receive comparable benefits for the expense or services being claimed from any other health benefit plan (including another Blue Cross plan), the **Other Coverage** section must be completed.
5. Include all supporting documents, as specified in your benefit booklet (e.g., physician's referral).
6. Please read, sign and date the **Authorization and Consent** section.

ORIGINAL RECEIPTS REQUIRED

1. Attach original receipts for each expense claimed and **keep copies for your records**. If you have claimed these expenses under another plan, the original *Explanation of Benefits* (see explanation below) from that plan and **copies** of receipts **must** be attached to this claim.
2. All original receipts must indicate the following information: first and last name of individual receiving the service, date or dates on which the service was obtained, the service or product purchased, the service provider's name and address and the amount charged. These receipts become part of our records and **will not be returned**.

3. Receipts must be submitted to Saskatchewan Blue Cross within your policy's claiming limitation. (Expenses must be submitted within a specific period of time. Refer to your benefit information.)

Note: Receipts/invoices with incomplete information will be rejected.

OTHER COVERAGE (Coordination of Benefits)

Coordination of Benefits (COB) is a standard practice among benefit carriers in Canada. COB allows people with more than one plan to maximize their coverage.

1. If you are claiming expenses for your spouse and your spouse is covered for those expenses under another health benefit plan, you must submit the claim to your spouse's plan first.
2. If both you and your spouse have health benefit coverage, your children must claim under the plan of the parent with the earliest birthday (month and day) in the calendar year. For example, if your birthday is May 1 and your spouse's birthday is June 5, your children will claim under your plan first.

EXPLANATION OF BENEFITS AND CLAIMS PAYMENT

An **Explanation of Benefits** statement, indicating how this claim was assessed, will be sent to the member to be used for income tax purposes or to claim under other coverage. If you are being reimbursed, a cheque will accompany the statement. If your claim is complete with all the necessary receipts and documents, the *Explanation of Benefits* and cheque (if applicable) will be mailed approximately two weeks after we receive your claim. Please retain the statement and cheque stub as no other statements will be issued.

For assistance call our Saskatchewan Blue Cross office. All inquiries should be made within 30 days of receiving your reimbursement.

Regina (306) 525-5025
Saskatoon (306) 244-1192
Toll-free in Saskatchewan 1-800-667-6853
Visit our website www.sk.bluecross.ca

MAIL YOUR CLAIM TO

Saskatchewan Blue Cross
Claims Department
PO Box 4030
Saskatoon SK S7K 3T2

or

Saskatchewan Blue Cross
Claims Department
100-1870 Albert St
Regina SK S4P 4B7