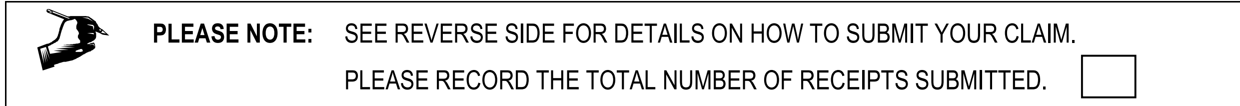
SASKATCHEWAN BLUE CROSS®

PO Box 4030 516 2nd Avenue North Saskatoon SK S7K 3T2
Telephone (306) 244-2662 Fax (306) 652-5751

EXTENDED HEALTH BENEFITS CLAIM FORM



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? ☐ YES ☐ NO	Street Address / Box No	
	City or Town	Postal Code
Date Moved	Home Phone No. ( )	Work Phone No. ( )

SPOUSAL/DEPENDENT INFORMATION

Relationship to Member		First Name	Surname (If different than member surname)	Date of Birth YYYY	MM	DD	Provincial Health Number	DEPENDENT INFORMATION For any over-age dependents (as defined in your policy), please indicate name of full-time educational facility being attended. **Name of School**
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?

☐ No ☐ Yes - If yes, please indicate the following: ☐ Health ☐ Dental ☐ Drugs

Name of insurance company or other health benefits company / 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

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 may be viewed at www.sk.bluecross.ca or call 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.

NAME OF CLAIMANT (Please print) SIGNATURE OF CLAIMANT / MEMBER DATE

HOW TO CLAIM FOR EXTENDED HEALTH BENEFIT EXPENSES

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

COMPLETING THE FORM

1. Please ensure the form is complete and you have signed the form. All sections must be completed before your claim can be processed. This includes the ***Other Coverage*** section.
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).

   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.
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 provider of service'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) 244-2662
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

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