

IMPORTANT CLAIMING INFORMATION

Please provide all information requested. Incomplete claims may cause delays in processing.

- 1 Complete all areas on the front of this claim form.
- 2 Please refer to your Blue Cross card for your Policy and ID numbers.
- 3 **Keep a copy of your receipts and documents for your records.**
- 4 All claims must be submitted with itemized statements and original paid-in-full receipts, including the following:
 - Claimant's First and Last Name
 - Description of item purchased or service rendered
 - Date of each purchase or service
 - Amount charged for each purchase or service
 - Address and telephone number of supplier / provider
- 5 Claims must be received in our office before the claiming deadline.
- 6 An Explanation of Benefits statement indicating how this claim was assessed will be sent to the member. If applicable, it will be accompanied by a cheque. The statement can be used for income tax purposes or to claim through another insurance plan. Please retain the Explanation of Benefits as no other statements will be issued.

Photocopies are not acceptable, unless the following situation applies.

Other Coverage:

- 1 If you are claiming expenses for your spouse and your spouse is covered 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. (Example: if your birthday is May 1 and your spouse is June 5, your children will claim under your plan first).
- 3 If you have submitted your original receipt to your other insurance company, please provide the following:
 - A photocopy of all invoices and paid-in-full receipts.
 - Original statement from the other insurance company showing their payment / denial of the claim.

ADDRESSES*

Alberta
10009 - 108th St NW
Edmonton AB T5J 3C5

British Columbia
PO Box 7000
Vancouver BC V6B 4E1

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PO Box 1046
Winnipeg MB R3C 2X7

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Prince Edward Island**
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644 Main St
Moncton NB E1C 8L3

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St. John's NL A1B 3V7

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PO Box 4030
516 2nd Avenue N
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**For all inquiries please call,
1-888-873-9200**