

CLAIM SUBMISSION FORM

Mail to: P.O. Box 1606, Windsor ON N9A 7G6

CUSTOMER SERVICE CENTRE 1-888-711-1119



Do you have any other group insurance coverage that may include the claim as a benefit?

Yes

No

Plan Member Last Name _____

First Name _____

If yes, please indicate name of other insuring agency:

Company Name _____

Green Shield Canada ID# _____

Dep # _____

Patient's First Name _____

Year _____

Birth Date

Month _____

Day _____

If other coverage is Green Shield Canada indicate the Green Shield Canada ID Card #:

Green Shield Canada ID#	Dep #	Patient's First Name	Year	Month	Day
_____	-	_____	_____	_____	_____
_____	-	_____	_____	_____	_____
_____	-	_____	_____	_____	_____
_____	-	_____	_____	_____	_____

Submit copies of other carrier's statement along with corresponding receipts.

Address _____

Are any of the enclosed claims due to:

City _____ Province _____ Country _____

1. A work related injury Yes No

Postal Code _____ Telephone _____ - _____ - _____

2. A Motor Vehicle Accident Yes No

If "Yes" please indicate the date of the accident (loss):

Plan Member Signature _____

PLEASE INCLUDE ORIGINAL PAID RECEIPTS

For claim submission instructions, please see reverse.

By signing this form and/or submitting actual receipts, I agree that the information provided is complete and accurate, to the best of my knowledge. I authorize Green Shield Canada to exchange information with other parties as required and only when the information is needed to administer this benefit claim and/or confirm the accuracy of this information.

CLAIM SUBMISSION INSTRUCTIONS

Please ensure that you provide your Green Shield Canada ID Card # including suffix (i.e. 00, 01, etc.)

BENEFIT TYPE:	PLEASE ENCLOSE THE FOLLOWING ITEMS WITH THE ABOVE CLAIM FORM:
Prescription Drugs	All itemized Prescription drug receipts from your pharmacist Please note cash register receipts or credit card receipts alone are unacceptable
Professional Services (Physiotherapy, Chiropractor, etc.)	Itemized receipts showing <ul style="list-style-type: none"> • patient name • individual date & nature of treatment • date & charge for each service
Durable Medical Equipment (including prosthetics or orthotics)	Itemized receipts showing <ul style="list-style-type: none"> • patient name • a detailed description of the equipment • name & address of supplier • date & charge for each service <p>Some medical equipment may require Physician's approval - call Green Shield Canada for details</p>
Hospital Accomodation	Itemized receipts showing <ul style="list-style-type: none"> • patient name • number of days in semi-private/private accomodation • rate charged per day • admission & discharge dates
Vision Care	Itemized receipts showing <ul style="list-style-type: none"> • patient name • a detailed description of services or supplies • provider's name & address • date & charge for each service
Extended Health - General	Itemized receipts showing <ul style="list-style-type: none"> • patient name • a detailed description of services or supplies • provider's name & address • date & charge for each service <p>Medical referral may be required for certain types of services and supplies</p>
Dental	<ul style="list-style-type: none"> • Please send in a "Standard Dental Claim Form" obtained from your dental office. • If your dental office gives you a receipt instead, submit it along with a claim form including all the information about the dental services that were performed. • For Orthodontic claims a copy of the Orthodontic contract/treatment plan is required with the first Orthodontic claim. Green Shield does not reimburse for Orthodontic treatments paid in advance for services not yet provided.
Out of Province/Country	Call Customer Service at 1-888-711-1119 for detailed claims submission instructions
Private Duty Nursing	Call Customer Service at 1-888-711-1119 for detailed claims submission instructions Pre-approval is required for all nursing claims
Hearing Aids	Itemized receipts showing <ul style="list-style-type: none"> • patient name • services & dates • audiologist name & address • breakdown of charges (i.e. Acquisition cost, fee, mold)