



Priority Mailing Address:
 P.O. Box 7000,
 Vancouver, BC V6B 4E1

Street Address:
 4250 Canada Way
 Burnaby, BC

EXTENDED HEALTH CARE CLAIM FORM

Please read instructions on the reverse side before submitting this form.

Enclose all original receipts.

Keep a copy of the receipts for your records.

For information call us at 419-2600 or 1-888-275-4672

Company Name _____ Member's Name (Last) _____ Member's Address _____
 Group Number _____ Member's Identity Number _____ (First) _____
 Daytime Phone Number _____ Postal Code _____

Name of dependent claiming (list in dependent and date order)	Birth date yyyy-mm-dd	Dependent number	Type of expense or name of medication (Example: hospital, ambulance, or name of clinic)	Date of each purchase or service or hospital admission and discharge dates yyyy-mm-dd	Amount paid	Name of doctor prescribing or recommending the service	Nature of illness or injury
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Is your claim a result of an accident? Yes No If yes, attach accident details.
 Is this a Workers' Compensation case (WCB)? Yes No Claim #
 Is this an ICBC, or other auto insurance, case? Yes No
 Are you seeking damages from a third party? Yes No

Duplicate coverage information:
 Do you or your dependents have other insurance to cover these benefits?
 Yes No If yes:
 Name of the other insurance company
 Group number ID number
 Name of member with other insurance company

Effective date Cancellation date
 If you are claiming for the balance not paid by the other insurance company, include photocopies of your receipts and their payment statement.

Pacific Blue Cross does not return receipts. Please save our "Explanation of Benefits" for income tax purposes. If you also have coverage with another insurance company, make a photocopy of all receipts before sending the originals to Pacific Blue Cross.

I certify that I and/or my dependents incurred these expenses. All information is correct.

X

Member's Signature _____ Date _____

**Please provide all information requested on both sides of this claim form.
Pacific Blue Cross is unable to process incomplete claims.**

Important claiming information.

- 1** Submit **all** claims with itemized statements and **original** receipts, which indicate:
 - Patient's name
 - Type of purchase or service
 - Date of each purchase or service
 - Amount charged for each purchase
 - Pacific Blue Cross is unable to accept photocopies **unless** you have submitted the original receipts to your other insurance company. If so, attach copies of your receipts and a copy of their payment statement.
- 2** List all expenses in **dependent** and **date** order.
- 3** Pacific Blue Cross will only consider paying claims that exceed your deductible. See your Pacific Blue Cross EHC card or brochure for information about your plan deductible.
- 4** Claims must be received in our office before the deadline. Claims received after the deadline are not eligible. See your EHC brochure for details.
- 5** Submit your EHC claims regularly (Pacific Blue Cross suggests about every three months). Do not hold your claims until the end of the year.

Your EHC Plan may include a deductible and a reimbursement percentage (example: \$25.00 deductible, balance paid at 80%). Check your plan brochure for details.

All BC residents covered by the Medical Services Plan of BC are eligible for Pharmacare benefits. Submit to Pharmacare for payment by March 31st of the year following the service or purchase. When you purchase prescription drugs, your pharmacist submits claims to Pharmacare on your behalf.

To claim for the benefits listed below, see the specific instructions.

Check your plan brochure for a list of eligible benefits and the conditions when these benefits are eligible. **For benefits not listed here, submit your receipts and a letter from the recommending doctor with details of the disability and the reason why the service or item was necessary.**

Prescribed Drugs

- drug name
- purchase date
- amount charged

Services of physiotherapist, chiropractor, podiatrist, naturopath, massage practitioner.

- type of service
- date of each treatment
- amount charged for each treatment
- date of last treatment paid by the Medical Services Plan
- therapist's name and phone number
- copy of MSP statement

Hospital Room Accommodation

- type of room (semi-private, private)
- admission and discharge dates
- daily charge
- a description of any additional charges

Ambulance

- reason for taking the ambulance
- date of service
- places ambulance taken from and to
- amount charged

Out of province medical expenses.

- Please contact Pacific Blue Cross for an "Out of Country" claim form.

Hearing Aids

- Along with your receipts, Pacific Blue Cross requires a letter from the ear specialist or audiologist, indicating that the hearing aid was prescribed. Please check your plan brochure for any age restrictions.

Registered nurses

- Along with your receipts, Pacific Blue Cross requires a letter from the attending doctor, indicating the diagnosis, that he or she ordered the nurses services, and the necessity for the services.

Orthopedic shoes

- Along with your receipts, Pacific Blue Cross requires a letter from the orthopedic surgeon, doctor or podiatrist, indicating the diagnosis, the necessity for prescribing the shoes, and the type of shoes prescribed.

Dental accidents

- Along with your receipts, Pacific Blue Cross requires from the dentist a detailed list of services performed. We also require the exact date of the accident, the circumstances of the accident, and information on any other dental coverage. Include all relevant X-rays.

Third party liability

- Your EHC plan does not pay for any benefits if a third party is liable by law. For claims due to an accident, indicate if there is possible third party liability. If yes, please contact Pacific Blue Cross for further information, as you must complete third party forms.

Vision Care

- Not all EHC plans cover vision care benefits. Check your plan brochure. Submit itemized receipts, that show the purchase date and the patient's name, along with this claim form.