

HSA claim form

Health Spending Account Claim Form Extended Health & Dental Benefits



Mailing Address
PO Box 7000
Vancouver BC V6B 4E1

Street Address
4250 Canada Way
Burnaby BC

- Please read instructions on reverse before submitting this form. Ensure you have completed all sections.
- Enclose all original receipts. Keep a copy of the receipts for your records.
- Please refer to your Pacific Blue Cross EHC/HSA card for your group, ID and dependent numbers.
- For help completing this form, or for more information on your EHC/HSA plan, call us at 604 419-2600 or 1-888-275-4672.

MEMBER INFORMATION

Company Name		
EHC Group Number E	HSA Group Number E	Member's Identity Number

Member's last name
Member's first name
Member's provincial health plan number (Care Card)

Member's address	
City	Province
Postal Code	Daytime phone number ()

EXPENSE INFORMATION

Name of dependent claiming (list in dependent and date order)	Birth date mm/dd/yy	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 mm/dd/yy	Provider/prescriber of service	Nature of illness or injury	Amount Paid	Apply unpaid balance to HSA Plan (check for each expense)	
								Yes	No

Total Claim:

My family is (or, I am) registered with Fair PharmaCare Yes No

Is your claim the result of an accident? If yes, attach accident details. Yes No

Is this a Workers' Compensation (WCB) case? Yes No

Is this an ICBC, or other auto insurance, case? Yes No

Are you seeking damages from a third party? Yes No

Are any of these expenses due to a medical emergency while you were outside of the province where you live? If yes, please contact Pacific Blue Cross for an *Out of Province* claim form.

Do you or your dependents have other insurance to cover these benefits? Yes No

Name of the other insurance company	
Group number	ID number
Name of member with other insurance company	
Effective date mm/dd/yy	Cancellation date mm/dd/yy

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.

I consent to Pacific Blue Cross using this personal information to adjudicate my claim and disclosing this information when required or permitted by law or pursuant to its contractual obligations under my benefit plan. I consent to the personal information provided above being retained, used and disclosed in accordance with the benefit provider's privacy policy.

Note: A copy of the Privacy Policy is contained in your benefits booklet: it is also available on our website at www.pac.bluecross.ca

I also authorize Pacific Blue Cross or its agents access to any relevant information required to adjudicate this claim.

X Member's signature

Date

IMPORTANT CLAIMING INFORMATION

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

- 1) Use this form to submit expenses under your Health Spending Account and your Extended Health and Dental plans.
 - 2) Pacific Blue Cross will consider eligible expenses under your Health Spending Account only if you have answered **yes for each expense** to the question “*Apply unpaid balance to HSA plan?*” in the provided column on the front of this form.
 - 3) In accordance with the Income Tax Act, all payments must be made in full. Invoices, partial payments, pay direct requests cannot be accepted under your Health Spending Account plan.
 - 4) 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.*
- 5) Under your EHC plan, 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.
 - 6) The deadline for the submission of claims under your Health Spending Account Plan will vary from the deadline on your Extended Health Care and Dental plans. Please check with your employer or your Health Spending Account Plan brochure.
 - 7) All other plans must be exhausted prior to submitting claims for assessment under your Health Spending Account plan. The Health Spending Account plan is last payer. Statements from other carriers, MSP, etc. must be submitted with your claim if applicable.

All BC residents covered by the Medical Services Plan of BC are eligible for Fair PharmaCare benefits. If

you have not already done so, please register with Fair PharmaCare in order to maximize your financial eligibility. Expenses paid in part by Pacific Blue Cross may be eligible with Fair PharmaCare and should be submitted to Fair PharmaCare first for their consideration. (Examples: prosthetic appliances, ostomy supplies.) Submit to Fair PharmaCare for payment by March 31st of the year following the service or purchase. When you purchase prescription drugs, your pharmacist submits claims to Fair PharmaCare on your behalf.

Check your plan brochure for a list of eligible benefits and the conditions for 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.

DENTAL EXPENSES

- name of patient
- date of each procedure
- procedure codes
- amounts paid by patient
- amounts paid by dental plan(s)

SERVICES (physiotherapist, chiropractor, podiatrist, naturopath, massage practitioner)

- type of service
- date of each treatment
- amount charged for each treatment
- therapist’s name and phone number

PRESCRIBED DRUGS

- official PharmaCare receipt

HOSPITAL 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/COUNTRY MEDICAL EXPENSES

Before Pacific Blue Cross can process your claim, submit it first to Medical Services Plan. Please contact Pacific Blue Cross for an *Out of Country* claim form.

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, the exact teeth numbers involved, a description of the damage, 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.

