

CLAIMING HEALTH INSURANCE BENEFITS



When submitting out-of-country/province claims, please refer to your TravelAssist Brochure/booklet for claiming procedures.

Attach original paid accounts/receipts to the back of the claim form. Photocopies (unless submitting for co-ordination of benefits), carbon copies, credit card receipts or cash register receipts are not acceptable. Please retain copies of receipts for your files, as originals will not be returned.

For drug claims, the prescription number and name of drug or D.I.N. (Drug Identification Number) must be shown on all receipts. The services of a psychologist, physiotherapist, speech therapist, massage therapist, or occupational therapist must be prescribed by a physician in order to be considered an eligible charge. Please attach to the back of the claim form, your original referral for service from your Doctor along with your original paid accounts/receipts.

The initial charges for medical services and supplies including crutches, splints, canes and braces, must be prescribed by a physician in order to be an eligible charge. Please attach to the back of the claim form, your original paid accounts/receipts along with your original prescription and an original Doctor's report which includes: the date of accident/injury, diagnosis, when the appliance/apparatus is to be worn, and a description of the appliance/apparatus.

Under the co-ordination of benefits provision, if your spouse has coverage under another insurance plan, his/her charges must first be submitted under that plan. Charges for dependent children should first be submitted to the plan of the parent whose month and day of birth comes first in the calendar year.

REMINDER

It is suggested that you accumulate at least \$50.00 in total expenses before submitting a claim.

Proof of claim must be submitted within 120 days following the earlier of your termination of employment or the end of the calendar year in which the expense is incurred. Claims submitted after the deadline will not be considered for payment.

This form must be completed in full. Incomplete forms will be returned to you, which will delay the processing of the claim.

MAIL THE COMPLETED FORM DIRECTLY TO THE CLAIMS OFFICE INDICATED BELOW

Regina Benefit Payments
P.O. Box 4408
Regina SK S4P 3W7
Toll Free: 1-866-408-0213



For the deaf or hard of hearing:
Toll Free: 1-800-990-6654
Or: (204) 946-7281