

CLAIM SUBMISSION PROCESS

Vision Care - All claims must be submitted to the PSHCP (Sun Life) policy #55555 first. Once they have paid their portion we need a copy of the explanation of benefits form that shows amount submitted, the amount paid and the date the glasses were purchased. The explanation form along with one of our completed claim forms (Sun Life) policy #16974 can be sent to my attention at the above address.

Hearing Aids – The same procedure as above.

Hospital Room – The same procedure as above.

Physiotherapy – All physiotherapy claims must be submitted to policy #55555 first. Even the ones that contain receipts for the \$500.00 through \$999.00 that will not be paid. This is because policy #55555 must track these amounts in order to pay again once you reach the \$1000.00 amount. Once they have paid their portion or declined payment we need a copy of the explanation of benefits form along with one of our claims forms sent to the above address.

Out of Province/Country Coverage - It is important to remember that the PSHCP covers the first 40 days of any trip. If you need assistance while outside of your province during this time you must call the emergency number found on the back of your drug card before getting medical attention.

The Royal Sun Alliance coverage covers you for trips up to 120 days from the time you leave your province. If you need assistance after the 40th day of your trip you must call the emergency number on your RSA card (if it is an older card the name etfs will be on it) before getting medical attention.

Nursing Care – The PSHCP policy #55555 must approve a nursing care claim. They have a personalized nursing care questionnaire that needs to be completed by your Doctor before any nursing care will be approved. Once they approve the claim they will pay the first \$15,000.00 per calendar year at 80%. You will need to submit the receipts to them first until you reach that \$15,000.00.

In order for our plan to cover the 20% not paid by policy #55555, we will need a copy of the explanation of benefits form along with a policy #16974 claim form. Once the \$15,000.00 maximum has been reached all claims and receipts should then be sent to us at the above address.

Homecare/Personal Support Worker – These claims should be sent directly to policy #16974 as there is no coverage under the PSHCP for this benefit. For the first claim you will need to send a doctors note stating that you need homecare coverage. If you have been discharged from a hospital make sure the note states that discharge date so you can be reimbursed for the proper amount for the first 14 days. The invoice from the service provider must have the name of the provider, the dates and hours they work and their hourly rate. We will need a completed claim form each time you submit a receipt. These can be sent to the above address.

** If you need a claim form for our plan policy #16974 please either e-mail brenda@prosure-group.com or call the above number and dial extension 5330 or 5332 to let us know and we can e-mail or mail it to you.