benecaid®

HSA Claim Form

Mail To:
Benecaid Health Benefit Solutions Inc.
Attn: Claims Department
P.O. Box 40
Toronto, ON M9C 4V2

Complete section 1. Enter all claims information in section 2. Complete section 3 if you are an hsa*complete*™ policy holder. Sign section 4.
Mail to Benecaid at the address above. Incomplete forms will not be adjudicated and will be returned to you without reimbursement.
If your direct deposit banking information has changed please notify Benecaid prior to submitting your claim.

1. EMPLOYEE INFO

Company Name:			Group Policy #:
Last Name:	First Name:		Client ID:
Street Address:		Unit #:	PO Box:
City:	Province:		Postal Code:

Please ensure that all of your member and claim information is completed in full. Failure to do so may result in your claim being returned or rejected for additional details.

2. CLAIMS INFORMATION

In order to process a claim the original receipt must be attached. If Benecaid is the second payer then a photocopied receipt along with the original Explanation of Benefits from the primary payer is required. Retain photocopies of your original receipts for your records.

Patient's Name (Individual that incurred the expense)	Patient's Date of Birth	Relationship to Employee	Type of Expense (Dental, Drugs, Vision etc…)	Date of Service	Amount $
	YYYY MM DD			YYYY MM DD	
	YYYY MM DD			YYYY MM DD	
	YYYY MM DD			YYYY MM DD	
	YYYY MM DD			YYYY MM DD	
	YYYY MM DD			YYYY MM DD	
	YYYY MM DD			YYYY MM DD	
	YYYY MM DD			YYYY MM DD	
	YYYY MM DD			YYYY MM DD	
				TOTAL	

3. HSA COMPLETE

Co-ordination of Benefits for hsa*complete*™ Policy Holders only

Are you or your spouse covered by other health insurance plans? Please provide details below.

Name of Policy Holder	Name of Insurer	Policy Number	Coverage Type (Single/Couple/Family)

How to submit a claim when there is more than one insurer:

- If the claim is for you, submit to your other insurer(s) first then provide Benecaid with the original Explanation of Benefits returned by the other insurer along with copies of your receipts.
- If the claim is for your spouse, submit first to the other insurer(s) under which they are covered as a participant then provide Benecaid with the original Explanation of Benefits returned by the other insurer along with copies of their receipts.
- If the claim is for your child, first submit under the parent whose birthday (month & day) comes first in the calendar year. If both parents have the same birthday then submit in the alphabetical order of the parent's first names.

4. ACKNOWLEDGEMENT

I certify that the information above is complete and true to the best of my knowledge and that the attached receipts represent a claim for services rendered to me and/or my eligible dependents. I am authorized to disclose information about my dependents for the purposes of investigating claims and assessing and paying a benefit, if any. I authorize Benecaid, its advisors and service providers, any health care provider, my plan administrator, other insurance companies, other organizations, or benefit service providers working with Benecaid and its insurance providers to exchange information when necessary to assess my claim and to administer the benefit plan. A photocopy of this authorization is as valid as the original when obtaining information. I acknowledge that all costs to investigate and validate claims, including doctors notes and fees, are my responsibility and will not be paid or reimbursed by Benecaid.

Signature:	Date Signed: YYYY MM DD

Print Clear

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HSA Claim
Submitting Instructions

How do I Submit Claims?

In order to be reimbursed for eligible medical and dental expenses the following forms and supporting documentation must be submitted to Benecaid. Each reimbursement cheque or direct deposit is subject to a **$3.75 processing fee**:

Prescription Medications

- Benecaid Claim Form with original signature
- Original computerized Official Prescription Receipt with Pharmacist signature or stamp

Non-traditional Medications (ie. herbal remedies, vitamins and supplements)

- Benecaid Claim Form with original signature
- Original computerized Official Prescription Receipt with Pharmacist signature or stamp OR Official Dispensing Receipt from licensed Medical Practitioner stating that the items were prescribed and dispensed as part of their medical service

Dental Treatments

- Benecaid Claim Form with original signature
- Original Standard Dental Claim Form, including the Dentist's signature or stamp

Optical Services

- Benecaid Claim Form with original signature
- Copy of Original Prescription for Eyeglasses or Contact Lenses
- Original receipt of payment

Paramedicals (ie. Chiropractic, Chiropodist, RMT, etc.)

- Benecaid Claim Form with original signature
- Original receipt from the licensed Medical Practitioner, including all the following information:
    - Practitioner, Clinic Name, Address and Phone Number
    - Name of the licensed Medical Practitioner who performed the service
    - License number and credentials of the Medical Practitioner
    - Patient Name
    - Date of Service
    - Amount of money paid
    - Description of service or treatment
    - Signature or stamp of the licensed Medical Practitioner who performed the service

What if Benecaid is the Second Payer?

If Benecaid is the second payer then a photocopied receipt along with the original Explanation of Benefits from the primary payer is required.

Should I keep Copies of my Original Receipts?

Always retain photocopies of your original receipts for your records.

Where do I Mail Claims?

All claims and supporting documentation must be mailed to Benecaid at the following address:

Benecaid Health Benefit Solutions Inc.
Attn: Claims Department
P.O. Box 40
Toronto, ON M9C 4V2