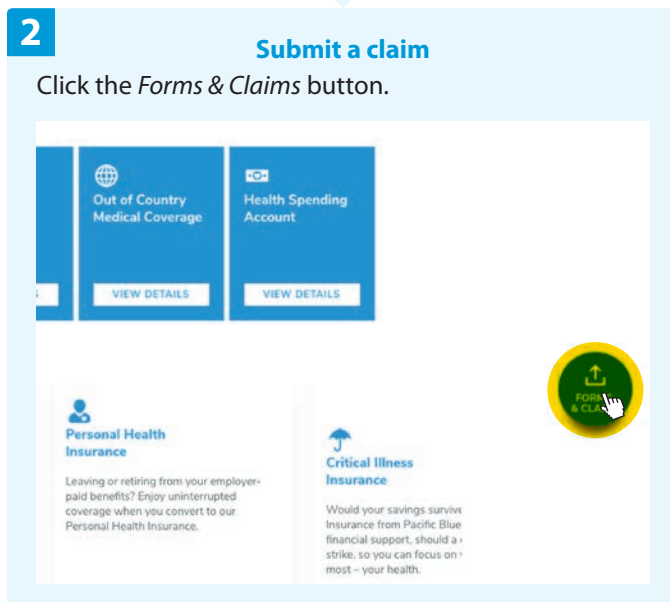


How to submit online claims

1 Sign-in
 Sign into your Member Profile at pac.bluecross.ca and register for direct deposit.

2 Submit a claim
 Click the *Forms & Claims* button.



3 Choose type of claim
 Choose the type of claim you want to submit and click *Next*.

What kind of claim would you like to submit?

Drugs

- Prescription Drugs
- Diabetic Supplies

Vision Care

- Vision - Eye Exam
- Vision - Eye Wear

Health Care

- Chiropractor
- Physiotherapy
- Massage
- Acupuncture
- Naturopath
- Podiatry
- Psychology

Next

All other services

- Download claim form

Your use of online claims is subject to your agreement with our Terms and Conditions.

4 Answer questions
 Answer questions about your claim and other coverage.

Submit Claim

1 Preparing Your Claim

Is your claim related to any of the following?

- the result of an accident
- a WorkSafe case (WCB)
- an ICBC or other auto insurance case
- a medical emergency while you were travelling outside of Canada

Yes No

Other Coverage

Do you or your covered dependents have any other coverage that will cover the claim? Please click the applicable answer below:

No other coverage

Yes, with another Pacific Blue Cross plan

Yes, with another insurance company

Contact us if you have coverage with 3 or more plans.

5 Claim details
 Enter claim details and provider information.

Claim Details

Need help reading your receipt?

Claimant *

Benefit *

Type of expense

Date of purchase/service *

Amount claimed *

Nature of illness/injury *

Continued on page 2

Continued from page 1

6

Review

After all expenses have been entered, review summary of expenses and banking information. Once you confirm the information is correct, submit the claim.

Submit Claim



1

Preparing Your Claim

Your

Your Expenses

Claimant	Benefit	Provider	Type
John Doe	Physiotherapy	JOE SMITH (Registration # 33781)	Physiotherapy - 60 M

Claim Total

* This is your claimed amount. The amount paid will depend on the adjudication of your claim by your plan.

Current Banking Information

Institution Number **010 - IMPERIAL BANK**
Transit Number **01234 - 123 MAIN STREET**
Account Number **1234567890**



Current Address Information

Address **742 CENTRAL TERRACE** Province **BRITISH COLUMBIA**
City **SPRINGFIELD** Postal Code **V3B 7B7**
Country **CANADA**

I confirm all the information above is correct and I have read and agree to the Terms and Conditions.

Back

Submit

Cancel

7

Confirmation

A confirmation page will be displayed indicating your claim has been submitted and the amount of claim payment that will be deposited to your bank account.

You will receive a confirmation email indicating your claim was received. Once claim payment has been deposited into your bank account, you will receive another email confirmation.

Submit Claim

Claim ID 0123456789

Thank you. Your claim has been processed under policy 01234. Please print your claim records.

When payment has been deposited into your bank account you will receive an official claim statement is ready to be downloaded from CARESnet.

The Amt Paid only reflects the amounts paid by your traditional Extended Health Plan. To see further payments from other plans please select the details link.

Your Claim

Claimant	Date	Benefit	Policy	ID	Sum
John Doe	Jun 04, 2014	Physiotherapy	01234	56789	

Total

Submit Another Claim

All other services

- Download claim form

Your use of online claims is subject to your agreement with our Terms and Conditions.

Keep your receipts

After you submit your claim, you may be prompted to send your original receipts to us. This is part of our random receipt validation process.

If requested, you will need to send your receipts and any supporting documentation to us within 21 days.

Your claim will not be processed and you will not be able to submit online claims until we receive this information.

Questions? Call us:
Phone 604 419-2000
Toll-free 1 877 PAC-BLUE
pac.bluecross.ca