Green Shield CANADA
Where quality is more than a claim

PLEASE USE THIS FOR YOUR NEXT CLAIM SUBMISSION

FOR CLAIMS REQUIRING FORM COMPLETION, REQUEST FORMS FROM CUSTOMER SERVICE:
EHS Services/Medical Equipment/ Supplies/Vision/Hospital/Nursing Home

CUSTOMER SERVICE CENTRE

1 888 711-1119

CLAIM SUBMISSION FORM

Mandatory Declaration

Do you have any other group insurance coverage that may include the claim as a benefit?

Yes _____ No _____

If yes, please indicate name of other insuring agency

_____

If other coverage is Green Shield, indicate Green Shield Identification No.: _____

Submit Copies of Other Carrier's Statement along with copies of corresponding receipts.

Are any of the enclosed claims due to:
1. A work related injury Yes ___ No ____
2. A Motor Vehicle Accident Yes____ No ____
If "Yes" please indicate the date of the accident (loss)

_____

PLEASE INCLUDE ORIGINAL PAID RECEIPTS

PLEASE INDICATE ON MAILING ENVELOPE
Attn: Drug Dept. P.O. Box 1652, Windsor, ON N9A 7G5
Attn: Professional Services, P.O. Box 1699, Windsor, ON N9A 7G6
Attn: Medical Items, P.O. Box 1623, Windsor, ON N9A 7B3
Attn: Out-of-Country Dept. P.O. Box 1606, Windsor, ON N9A 6W1
Attn: Vision/Hospital Dept. P.O. Box 1615, Windsor, ON N9A 7J3
Attn: Dental Dept. P.O. Box 1608, Windsor, ON N9A 7G1

Subscriber Surname including alternate surname if applicable

Company Name

_____

Green Shield Identification Number

_____

Only include names of patients with receipts attached.

Patient's First Name

_____

_____

_____

_____

Birth Date
Year Month Day

Street Address _____

City _____ Province _____ Country _____

Postal Code _____ _____

Telephone _____ - _____ - _____

_____
Subscriber signature

By signing this claim form and/or submitting actual receipts, I agree that the information provided is complete and accurate, to the best of my knowledge. I authorize Green Shield Canada to exchange information with other parties as required and only when the information is needed to administer this benefit claim and/or to confirm the accuracy of this information.

cut along dotted line

GREEN SHIELD CANADA CLAIMS SUBMISSION INSTRUCTIONS

Please call our Customer Service Centre at 1-888-711-1119 if you require any assistance in completing this form.
Please ensure that you always provide your Green Shield Identification Number in full, including suffix (ie. 00, 01, etc.)

FOR BENEFIT TYPE:	ALWAYS ENCLOSE THE FOLLOWING ITEMS WITH THE ABOVE CLAIM FORM:
Audio (Hearing Aids)	Itemized receipts showing • patient name • services & dates • audiologist name & address • breakdown of charges (ie. Acquisition cost, fee, mold)
Prescription Drugs	All itemized Prescription drug receipts from your pharmacist *Please note cash register receipts or credit card receipts alone are unacceptable
Paramedical Services (Physiotherapy, Chiropractor, etc.)	Itemized receipts showing • patient name • individual date & nature of treatment • charge for each service *First claim for Massage therapy must include Physician's written approval
Durable Medical Equipment (including prosthetics or orthotics)	Itemized receipts showing • patient name • a detailed description of the equipment • name & address of supplier • date & charge for each service *Some medical equipment may require Physician's approval - call Green Shield for details
Hospital Accommodation	Itemized receipts showing • patient name • number of days in semi-private/private accommodation • rate charged per day • admission & discharge dates
Vision Care	Itemized receipts showing • patient name • copy of vision prescription for first claim • a breakdown of charges for lenses & frames • date glasses were picked up
Extended Health - General	Itemized receipts showing • patient name • a detailed description of services or supplies • provider's name & address • date & charge for each service *Medical referral may be required for certain types of service or supplies
Out of Province/Country	Call Customer Service at 1-888-711-1119 for detailed claims submission instructions
Private Duty Nursing	Call Customer Service at 1-888-711-1119 for detailed claims submission instructions *Pre-approval is required for all nursing claims - call Customer Service for details