Submitting healthcare claims

WHAT YOU NEED TO KNOW

Desjardins
Insurance
Life • Health • Retirement

This guide gives you some basic instructions for submitting healthcare claims. It also tells you which documents you have to submit with your healthcare claims for the following products or treatments:

- Foot orthotics and orthopaedic shoes
- Compression stockings
- Orthopaedic equipment
- Healthcare professionals' services
- Vision care
- Gender affirmation treatments and procedures

Useful definitions

Your insurance plan includes a number of definitions for terms used in the healthcare claim process. Here are just a few that will help clarify the process for you.

Eligible expenses

To be eligible, the expenses must be medically necessary[1], incurred in Canada as a result of an illness, pregnancy or accident, and cover treatments or products that:

- were prescribed by a physician or healthcare professional authorized to do so according to applicable laws
- are recognized by the medical profession as being appropriate and suitable for the diagnosis
- cannot be omitted without endangering the person's health or affecting the quality of care

Reasonable and customary fees

Reasonable and customary fees are the fees normally charged for treatments or products. They are limited to whichever of the following amounts is lower:

- The standard rate charged in the area where the treatments are provided or the products are supplied
- The rate suggested by the applicable professional association

We reimburse the portion of these fees that exceeds the deductible, subject to the established reimbursement percentage. We always apply limits when a claim exceeds the reasonable and customary fees we have established and when the plan does not specify a maximum amount per day, visit or unit.

Maximums by time period

Your plan may have certain maximums per calendar year or for a specific time period such as every 24 or 36 months. Here's how we calculate your reimbursements in these cases:

- Maximums per calendar year: the reference period is January 1 to December 31 each year
- Maximums for 24 months: when we receive a claim, we'll check to see if we've paid other claims for the same kind of service/item in the last 24 months

Predetermination of benefits

When the total cost of a product or proposed treatment is expected to be more than $500, we recommend that you submit a detailed treatment plan **before** purchasing the product or beginning treatment.

Treatment plans for dental care, vision care and other paramedical services can be submitted at the point of service by healthcare professionals who are registered in TELUS Health's eClaims program.[2]

In other cases, simply fill out section A of the claim form, sign it and attach the treatment plan, which must include:

- A description of the product to be purchased or the treatment to be provided
- The expected treatment dates
- The cost of the product or treatment
- The name and qualifications of the healthcare provider or supplier
- Any other relevant information, such as the medical recommendation/referral and diagnosis

You must mail the form and the treatment plan to the address indicated on the form. We will process your request within five business days, and notify you in writing whether or not the expenses are eligible for reimbursement.

Claims

There are a number of ways to submit your claims:

- **Online:** you can submit most healthcare claims via our secure site or the Omni app
- **Payment card:** show your payment card to your healthcare professional. Some professionals[2] are authorized to submit your claims for you
- **By mail:** use the *Claim for Healthcare Benefits* form. It can also be used for drug claims and other healthcare claims.

You can find the form on our website at **desjardinslifeinsurance.com/forms** and on our secure site.

1 "Medically necessary" means treatments or products recognized by the Canadian medical profession and considered to be effective, appropriate and necessary by their form, intensity, duration and frequency for the diagnosis or treatment of an illness or injury.

2 To find professionals registered in TELUS Health's eClaims program, check the Omni app or visit desjardinslifeinsurance.com/providers.

Foot orthotics and orthopaedic shoes

"Orthopaedic shoes" are custom-made shoes. "Off-the-shelf shoes" are prefabricated shoes. "Footwear modification" means a permanent modification made to shoes, for example:

- Arch support
- Metatarsal insole
- Scaphoid support
- Plantar arch support

The following documents are required when submitting a claim for foot orthotics and orthopaedic shoes:

From your physician/healthcare professional:

1. Original recommendation/referral from the physician or authorized healthcare professional, including the diagnosis that determined that the foot orthotics or orthopaedic shoes were necessary. The orthotics or shoes must be prescribed before you buy them, and the recommendation/referral must be recent for the expenses to be eligible.

From the supplier:

2. Original receipt with the provider's name and address, date the provider received the foot orthotics or orthopaedic shoes, patient's name and cost breakdown.
3. The date you picked up your orthotics or orthopaedic shoes.
4. Confirmation that the orthotics or orthopaedic shoes have been paid for in full.
5. Copies of the biomedical exam results and gait analysis results, both dated and signed by the healthcare professional.

Note:

The examination must be performed by a healthcare professional who is a member in good standing of a provincial or Canadian professional association recognized by Desjardins Insurance. The examination must be within the scope of the professional's abilities and recognized field, and it must have been performed by the specialist identified on the receipt.

6. Complete description of the process used to create the foot orthotics or orthopaedic shoes, including the casting technique and the raw material used. Only techniques using a three-dimensional (3-D) image or unique 3-D cast impression of the feet using a raw material are eligible.
7. A copy of the manufacturing lab's invoice with:
   - Patient's name
   - Qualifications/credentials, including name, address and telephone number of the laboratory
   - Date the provider placed the order and the date it was delivered to the provider
   - Type of orthotics

For footwear modification claims, a receipt detailing the cost of the modifications is required, along with the documents listed above.

Plan Members In Quebec:

Under Quebec legislation, plan members who live in Quebec are not required to submit the documents in points 5, 6 and 7, but they may be required to do so after submitting a claim for certain foot orthotics or orthopaedic shoes.

Compression stockings

The following documents are required when submitting a claim for compression stockings:

1. Original recommendation/referral from the physician or from any authorized healthcare professional, including the compression strength and the diagnosis that determined that the compression stockings were necessary.
   The stockings must be prescribed before you buy them, and the medical recommendation/referral must be recent for the expenses to be eligible.
2. Original receipt
3. Compression strength
4. Confirmation that the compression stockings have been paid for in full

Orthopaedic equipment

The following documents are required when submitting a claim for orthopaedic equipment:

1. Original recommendation/referral from the physician or authorized healthcare professional, including the diagnosis that determined that the orthopaedic equipment was necessary.
   The equipment must be prescribed before you buy it, and the recommendation/referral must be recent for the expenses to be eligible.
2. Original receipt
3. Confirmation that the orthopaedic equipment has been paid for in full

The orthopaedic equipment must be constructed of a rigid material, such as metal or plastic. Elastic supports are not eligible.

Purchase vs. rental: If you decide to rent orthopaedic equipment, we require a cost estimate and the duration of the rental. The maximum amount payable will be limited to the purchase price. The rental cost can never exceed the amount you would have paid if you had purchased the equipment.

Healthcare professionals

The following documents are required when submitting a claim for healthcare services:

1. Original receipt with:
   - Patient's name, date of treatment and amount per treatment
   - Healthcare professional's name, qualifications, address, professional association and registration number. The professional must be a member in good standing of a provincial or Canadian professional association recognized by Desjardins Insurance.
2. Medical referral, including the diagnosis, when required. For the expenses to be eligible, the referral must be recent.
3. Confirmation that the treatments have been paid for in full.
4. The treatment must be within the scope of the professional's abilities and recognized field, and it must have been provided by the healthcare professional identified on the receipt.

Vision care

The following documents are required when submitting a claim for vision care:

1. Original receipt
2. The date you picked up your glasses or contact lenses.
3. Confirmation that the services have been paid for in full.
4. A copy of the optometrist's or ophthalmologist's prescription **may be** required. If you bought the glasses or contact lenses online, we do require a copy of the prescription. For the expenses to be eligible, the prescription must be recent.

Gender affirmation

You must submit the original receipt along with your claim.

For your protection, be vigilant:

- Check all receipts and insurance statements for accuracy.
- Do not accumulate your claims until they add up to a significant amount. Submit your claims as the expenses are incurred.
- Never sign a blank form.
- Beware of providers who encourage you to purchase supplies for your entire family **before** they have assessed their needs. Proof of medical diagnoses for each patient is required before any item can be approved for purchase.
- Prescribers and providers must be licensed with their professional association in their province of residence. Look for proper designations in their titles:
  - Physician: MD
  - Podiatrist: DPM
  - Chiropodist: DCh or DPodM
- Never submit claims before receiving and paying for the treatment or products. Your plan specifies that you must pay for the treatment or products before you submit a claim.

Receipts with modifications or added information will be refused.

If any information is missing, you or the provider will be asked to submit it before the claim can be processed.

Please note that any cost for obtaining this information is your responsibility.

Once we receive this information, we will review and process the claim accordingly.

Questions?

You can always call our Customer Contact Centre if you need more information about the documents we require or to confirm whether a healthcare professional, specialized medical centre or medical device is eligible.

Our representatives can also help you determine how much your benefit payment might be.

Reminders

Before submitting your claim, please review the following:

- Refer to your booklet for eligible fees and the details of your group insurance coverage.
- Get prior authorization when required, specifically for gender affirmation claims and certain prescription drugs.
- Always attach your original receipts and all other required documents to your claims and keep copies for your files. The originals will not be returned.
- In accordance with the rules and regulations of most healthcare professional associations, services provided by a close relative are not eligible for reimbursement, with the exception of dentists' services.
- The maximum is limited to one visit per day for each type of professional.
- In certain cases, proof of payment may be required, such as:
  - Debit card receipt or statement (bank statement)
  - Credit card receipt or statement
  - Copy of a cashed cheque (front and back)
- We may ask to see your healthcare professional's medical reports, clinical charts or documented explanations so we can assess the medical necessity of the expenses.
- A symptom is not considered a diagnosis. For example:
  - "Pain over heel area" is a symptom and cannot be accepted as a diagnosis.
  - "Plantar fasciitis" is a diagnosis.

Note:

Receipts stamped "Paid" by the provider, generic off-the-shelf receipts and handwritten receipts are not acceptable proof of payment.

About Desjardins Insurance

Desjardins Insurance offers a wide range of flexible life insurance, health insurance and retirement savings products and services. It has been providing innovative services to individuals, groups and businesses for over a century. Desjardins Insurance ensures the financial security of over five million Canadians from offices across the country. It is one of the top life insurance companies in Canada and a member of Desjardins Group, the leading cooperative financial group in Canada.

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