



GOVERNMENT OF MANITOBA HEALTH SPENDING ACCOUNT CLAIM FORM

Revenue Canada requires you to claim all eligible medical expenses through MHSC and existing employee benefit plans and all other plans, (including spousal plans) that you are covered under before payment can be made from a Health Spending Account. (Please see reverse).

Please Note: Health Spending Account Benefits are Not Assignable To The Provider

EMPLOYEE	CONTRACT NUMBER	GROUP NUMBER	PATIENT/CLAIMANT INFORMATION			
SURNAME	FIRST NAME	SURNAME	FIRST NAME			
ADDRESS	BIRTHDATE	BIRTHDATE OF PATIENT/CLAIMANT		DAY	MON	YR
CITY, PROVINCE	POSTAL CODE	RELATIONSHIP TO EMPLOYEE				

1. Has your address changed in the past 12 months? ☐ Yes ☐ No

COORDINATION OF BENEFITS

2. Are any benefits or services provided under any other Blue Cross Plan or other insurance carrier? **DENTAL** ☐ YES ☐ NO **HEALTH** ☐ YES ☐ NO

If yes, please attach a copy of the Statement of Benefits from the other Payer.

Name of other carrier if not Blue Cross _____

DENTAL SERVICES

D E N T I S T	SERVICES PERFORMED	TOOTH	PROCEDURE NUMBER	AMOUNT	BLUE CROSS ONLY	
	DAY	MON	YR	CODE	M.D.A.	AMOUNT
I HEREBY CERTIFY THAT THE SERVICES LISTED ABOVE ARE CORRECT AND REPRESENT THOSE RENDERED TO THE PATIENT NAMED.				TOTAL		
DENTIST'S SIGNATURE _____ DATE _____						

OTHER EXPENSES

C L A I M A N T	SERVICES PERFORMED	STATEMENT OF EXPENSES	AMOUNT	BLUE CROSS ONLY
	DAY	MON	YR	AMOUNT
TOTAL				

PREVIOUSLY HELD EXPENSES

☐ Please issue payment in the amount of \$_____ for previous expenses currently being held in my Health Spending Account.

ATTACHED EXPENSES

☐ Please reimburse the expense(s) listed above for which receipts and/or cheque stubs are attached.

I CERTIFY THAT THIS CLAIM IS TRUE AND CORRECT AND INCURRED BY ME OR MY DEPENDENT AS RECOGNIZED BY REVENUE CANADA AND ALL ATTACHED RECEIPTS FOR SERVICES RENDERED HAVE BEEN PAID IN FULL TO THE PROVIDER OF SERVICE. I FURTHER CERTIFY THAT I AM AWARE OF AND HAVE READ THE AUTHORIZATION AND CONSENT ON THE REVERSE SIDE OF THIS CLAIM FORM.

SIGNATURE

DATE

P.O. BOX 1046, WINNIPEG, MANITOBA R3C 2X7 PHONE 775-0151 or 1-800-873-2583

AUTHORIZATION AND CONSENT

I understand that the personal information provided herein as well as any other personal information currently held or collected in the future by Manitoba Blue Cross and/or Blue Cross Life Insurance Company of Canada may be collected, used, or disclosed to administer the terms of my policy or the group policy of which I am an eligible member, to develop and recommend suitable products and services to me, and to manage the Company's business.

Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a third party. These include other Blue Cross organizations, licensed physicians and/or any other healthcare professionals or institutions, health and life insurers, government and regulatory authorities, the certificate holder of any policy under which I am a participant and other third parties when required to administer the benefits outlined in my policy or the group policy of which I am an eligible member.

I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time; however, if consent is withheld or revoked, the coverage may be denied or rescinded. I understand why my personal information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. For additional information regarding Blue Cross' privacy policies I can contact Blue Cross at 775-0151 or at www.mb.bluecross.ca should I have questions as to the collection, use or disclosure of my personal information.

I authorize Blue Cross to collect, use and disclose my personal information as described above.

CO-ORDINATION OF BENEFITS

Health Spending Account Plans are payers of last resort as per Canada Customs and Revenue Agency guidelines for eligible medical expenses. All other coverages should be exhausted prior to submission under a Health Spending Account.

"Co-ordination of Benefits" is a benefit claim procedure developed by the Canadian Life and Health Insurance Association for individuals covered under two or more health care policies.

If you, your spouse or dependents, are covered by Blue Cross and have similar coverage under another policy, the "Co-ordination of Benefits" rule should be followed in determining to which company your claims should be submitted first for payment. Any balances not paid may then be submitted to the other company for reimbursement up to 100% of the claim value.

The following steps will identify to which company you should send your claims:

HUSBAND/WIFE

- (1) To the plan where you are the subscriber.
- (2) To the plan where you are covered as a spouse.

CHILDREN

- (1) The plan of the parent with the earlier birthdate (month/year) in the calendar year.
- (2) The plan of the parent whose first name begins with earlier letter in the alphabet, if the parents have the same birthdate.
- (3) In situation where parents are separated/divorced, then the following order applies,
 - (i) the plan of the parent with custody of the child,
 - (ii) the plan of the spouse of the parent in (i) above,
 - (iii) the plan of the parent not having custody of the child,
 - (iv) the plan of the spouse of the parent in (iii) above.

Blue Cross will require a copy of the other plan's processing statement of benefits to assess the claim for payable balances.

If you need assistance in determining the order in which claims should be submitted to your carriers, please feel free to contact our Information Services Centre at 204-775-0151 or Toll Free at 1-800-262-8832, or visit our Customer Service Centre.