

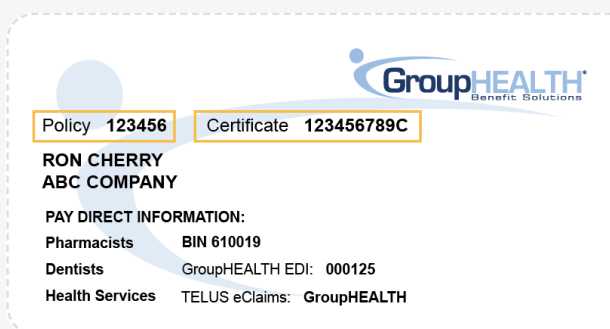
INTRODUCTION

What do I need to submit an eClaim?

To submit a claim, you will need the member's benefit card. First, select GroupHEALTH as the Insurance Company. Then, enter the Policy in the Policy field and the Certificate Number in the Member ID field.

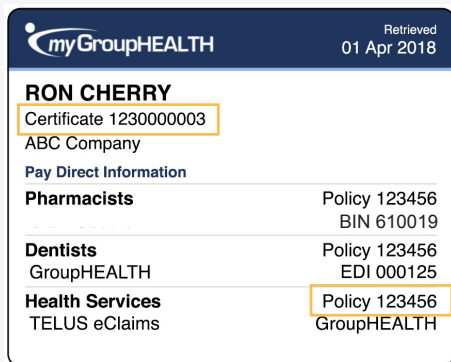
Paper Benefit Card

If the member is showing you a paper card, here is where you will find that information.



Digital Benefit Card

If the member is showing you their benefit card on their mobile device, here is where you will find that information.



Can I submit a Pre-determination?

Yes, we will accept Pre-determinations and send back an Acknowledgement.

CONTACT US

How do I contact GroupHEALTH?

For questions about your claims, please call us at 1-833-344-6944 or write to us at 626 – 21 Four Seasons Place, Toronto, ON M9B 0A6.

We can also be reached by email at askus@mygrouphealth.ca.

When can I speak to a GroupHEALTH representative?

We can be reached from Monday to Thursday from 7:30 am to 9:00 pm EST and on Fridays from 7:30 am to 7:00 pm EST.

PAYMENTS

When will I get paid?

GroupHEALTH makes daily direct deposit and cheque payments Monday through Friday for claims approved the day before.

Will I get a payment for each claim?

You will receive a payment for each member's claim. Note that GroupHEALTH bundles payments if there are multiple services provided for the same family on the same date by the same provider.

Why haven't I received my payment?

Payments can take up to 48 hours to be deposited into your bank account once they are released by GroupHEALTH. Cheques are mailed daily and delivered as per Canada Post's standard first class service.

I have submitted multiple claims. Will I receive a single payment for them all?

No, you will receive one payment per claim per day. Note that GroupHEALTH will bundle the payment if you submit claims for multiple members of the same family on the same day.

How will I know that I have been paid if I signed up for direct deposit?

You will receive an email for each deposit made in a day containing the name of your patient, the claim ID and the service date.

Who do I call if I did not receive payment?

Direct Deposit: Log in to the TELUS Health portal and ensure that the bank information and email is correct and then call GroupHEALTH at 1-833-344-6944.

Cheque: Please contact GroupHEALTH at 1-833-344-6944.

PAYMENT STATEMENTS

How will I be notified of direct deposit payments?

You will receive an email advising that a deposit has been made. This will include the patient name, service data and claim ID. The payment amount will match the amount provided at the time the claim was submitted.

What will be listed on the email statement?

The email will include the following information regarding the claims paid:

- Service Date
- Claim ID
- Patient name

Always keep the email statements for your records.

What information will I get if I'm paid by cheque?

Attached to the cheque will be an Explanation of Benefits which will include the following information regarding the claims paid:

- Service Date
- Claim ID
- Patient name

Always keep this backup for your records.

What if there is an error in a payment?

If you notice a problem with a payment, please contact us at 1-833-344-6944.

Who do I call if I have a question about the payment information I received or if I need another copy?

Please contact GroupHEALTH at 1-833-344-6944.

ACKNOWLEDGEMENTS OR EXPLANATION OF BENEFITS (EOB)

Do I have to save or print the Acknowledgements or EOBs?

eClaim submissions can only be viewed in Past Transaction for the current or previous month. Make sure to save or print a copy of the Acknowledgments or EOBs. The patient should receive a copy of the Acknowledgement or EOB as a receipt that their claim was submitted.

Who do I call if I have questions about the explanation on the Acknowledgement or EOB?

For questions about claims, please call GroupHEALTH at 1-833-344-6944. Please note that confidential member and patient information as well as payment details will not be disclosed to the healthcare provider.

AUTHORIZATION FORMS

Patients must complete an authorization form prior to submitting claims and the completed form must be kept in your files.

GENERAL CLAIM SUBMISSION

Can I bill in advance for a patient's services?

No, you must only submit claims where services have been rendered. You must not submit claims in advance for services not yet provided.

Similarly, for Vision Care services, we will not accept claims where only a deposit has been made.