



# E-CLAIM FORM FOR HEALTH PROFESSIONAL SERVICES

Please use one form per practitioner, per patient

SECTION 1 - PATIENT INFORMATION				PROVIDER INFORMATION		
GREEN SHIELD NUMBER		DATE OF BIRTH (YY/MM/DD)		PROVIDER NUMBER		PROVIDER PHONE #
		____/____/____				
SURNAME		FIRST NAME		PROVIDER NAME		
ADDRESS				ADDRESS		
CITY	PROVINCE	POSTAL CODE		CITY	PROVINCE	POSTAL CODE
EMAIL				EMAIL		

## SECTION 2 - MANDATORY DECLARATION

Do you have any other group insurance coverage that may include these services as benefits? YES  NO

If we are your secondary carrier, please attach Explanation of Benefit statement from primary carrier.

If other coverage is with Green Shield Canada, indicate other Green Shield Canada ID Number: \_\_\_\_\_

Do you want to coordinate this claim with your other Green Shield Canada Coverage? YES  NO

Is treatment due to a motor vehicle accident? YES  NO  If yes, include date of accident \_\_\_\_\_

Is treatment required due to a work related injury? YES  NO  If yes, include date of injury \_\_\_\_\_ WCB Case # \_\_\_\_\_

Claim only for those services rendered after provincial plan maximum has been exhausted (if applicable).

Date of last visit covered by provincial plan: \_\_\_\_\_

## SECTION 3 - AUTHORIZATION AND CONSENT

At Green Shield Canada ("GSC," "we," "us" or "our"), respecting and protecting the privacy and confidentiality of your personal information is a priority. In order to provide you with the services for which we have been engaged, we need you to understand, and consent to, a few things. We may collect/receive from you or other parties and use, share, disclose and process your personal information and, if applicable, that of your spouse, children and other dependents (collectively, "you" or "your"), which may include name, age, claims history, income, email address, service providers that may have been used and banking information. We may do this for various purposes related to the administration of your benefits plan and to provide you other products and services, including but not limited to: benefits coordination with other carriers; administration and adjudication of claims; auditing, investigating, and taking steps connected to the prevention or suppression of suspected or proven improper or fraudulent claims; identity checks; billing and collection of premiums; medical underwriting; communication with other service providers, communication with third parties to confirm the accuracy of claims, provide contracted services, or for health management purposes or programs; collecting information about services that are provided, analyzing data, including information on how you use our products and services, to help us make informed decisions and improve the products and services we offer; determining if there are other products and services that you might be interested in, and sending you details about them; compliance with applicable laws and regulations; and such other activities that a reasonable person would consider associated with the administration of your benefit plan. In carrying-out these purposes, we may collect, receive, share or disclose your personal information with others outside of GSC, including, but not limited to: your employer, sponsor(s) of your benefit plan, and insurance advisors, if your benefits are provided through your employer's group benefits plan; benefits providers (e.g. pharmacists, massage therapists); professional regulatory bodies (e.g. College of Pharmacists); government agencies; applicable law enforcement bodies (local, provincial and federal); industry drug pooling entities (e.g. Canadian Drug Insurance Pooling Corporation); GSC's third party service providers who assist us in administering your benefits plan and providing you with other related products and services and such other third parties as may be appropriate or reasonably necessary in carrying out the purposes set out above. Although sharing of personal information is inherently risky, we implement commercially-acceptable procedures to secure and protect your personal information using appropriate technological, physical and organizational measures designed to protect personal information. In the event of an unauthorized release by us of your personal information, we will notify you in accordance with applicable privacy laws. More information about our privacy practices is available in our Privacy Policy at [www.greenshield.ca](http://www.greenshield.ca), which is a necessary and integral part of this privacy consent. We may from time to time revise our Privacy Policy to reflect changes in, for example, legislation or regulation, or as we introduce new features, products or services. The most current version of the policy will govern how we process your personal data and will always be available on [www.greenshield.ca](http://www.greenshield.ca). You can contact our Privacy Officer at [privacy.officer@greenshield.ca](mailto:privacy.officer@greenshield.ca) if you have a question or complaint.

By signing below, you are providing your consent to the Provider (the RMT) to use and disclosure of your personal information as explained above, and you are acknowledging that the Provider has your consent to electronically claim (E-Claim) on my behalf. You are authorized GSC / Provider Connect that Payment go directly to the Provider.

You can withdraw your consent at any time by providing notice in writing to the Provider at [johnforsythrmt@gmail.com](mailto:johnforsythrmt@gmail.com), but, if you do so, the Provider will no longer be able to administer your benefits plan and process your e-claims on your behalf.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## SECTION 4 - ASSIGNMENT OF BENEFITS

I HEREBY ASSIGN PAYMENT DIRECTLY TO THE PROVIDER.

