



## GREEN SHIELD CANADA CLAIM 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 Canada ID Number in full, including suffix (ie. 00, 01, etc.)**

FOR BENEFIT TYPE (where applicable):	ALWAYS ENCLOSE THE FOLLOWING ITEMS WITH THE ABOVE CLAIM FORM:
Audio (Hearing Aids)	Itemized receipts showing <ul style="list-style-type: none"> <li>. patient name</li> <li>. services &amp; dates</li> <li>. audiologist name &amp; address</li> <li>. breakdown of charges (i.e. Acquisition cost, fee, mold)</li> </ul>
Prescription Drugs	All itemized prescription drug receipts from your pharmacist * Please note cash register receipts, credit card receipts and/or debit slips alone are insufficient. Official pharmacy receipts are required. Please contact your pharmacy for a duplicate copy.
Professional Services (physiotherapy, chiropractor, massage therapy, etc.)	Itemized receipts showing <ul style="list-style-type: none"> <li>. patient name</li> <li>. individual date &amp; nature of treatment</li> <li>. charge for each service</li> </ul> *Some professional services may require a medical referral/physician prescription. Please call Customer Service at 1-888-711-1119 for details.
Durable Medical Equipment (including prosthetics or orthotics)	Itemized receipts showing <ul style="list-style-type: none"> <li>. patient name</li> <li>. a detailed description of the equipment</li> <li>. name &amp; address of supplier</li> <li>. date &amp; charge for each service</li> </ul> *Some medical equipment may require a medical referral/physician prescription and/or prior authorization. Please call Customer Service at 1-888-711-1119 for details.
Hospital Accommodation	Itemized receipts showing <ul style="list-style-type: none"> <li>. patient name</li> <li>. number of days in semi-private/private accommodation</li> <li>. rate charged per day</li> <li>. admission &amp; discharge dates</li> </ul>
Vision Care	Itemized receipts showing <ul style="list-style-type: none"> <li>. patient name</li> <li>. copy of vision prescription</li> <li>. a breakdown of charges for lenses &amp; frames</li> <li>. date glasses were picked up</li> </ul>
Extended Health - General	Itemized receipts showing <ul style="list-style-type: none"> <li>. patient name</li> <li>. a detailed description of services or supplies</li> <li>. provider's name &amp; address</li> <li>. date &amp; charge for each service</li> </ul> *Certain types of service or supplies may require a medical referral/physician prescription and/or prior authorization. Please call Customer Service at 1-888-711-1119 for details.
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.