

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"> ● patient name ● services & dates ● audiologist name & address ● breakdown of charges (i.e. Acquisition cost, fee, mold)
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"> ● patient name ● individual date & nature of treatment ● charge for each service *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"> ● patient name ● a detailed description of the equipment ● name & address of supplier ● date & charge for each service *Some medical equipment may require a medical referral/physician prescription. Please call Customer Service at 1-888-711-1119for details.
Hospital Accommodation	Itemized receipts showing <ul style="list-style-type: none"> ● patient name ● number of days in semi-private/private accommodation ● rate charged per day ● admission & discharge dates
Vision Care	Itemized receipts showing <ul style="list-style-type: none"> ● patient name ● copy of vision prescription ● a breakdown of charges for lenses & frames ● date glasses were picked up
Extended Health – General	Itemized receipts showing <ul style="list-style-type: none"> ● patient name ● a detailed description of services or supplies ● provider's name & address ● date & charge for each service *Certain types of service or supplies may require a medical referral/physician prescription. 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.