



E-claims Guide



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ia.ca

July 2016

Access your Group Plan.....2

Enrol in Direct Deposit and Notification to submit an E-claim2

E-claims: Step 1 – Consent2

E-claims: Step 2 – Insured2

E-claims Step 3 – Benefit2

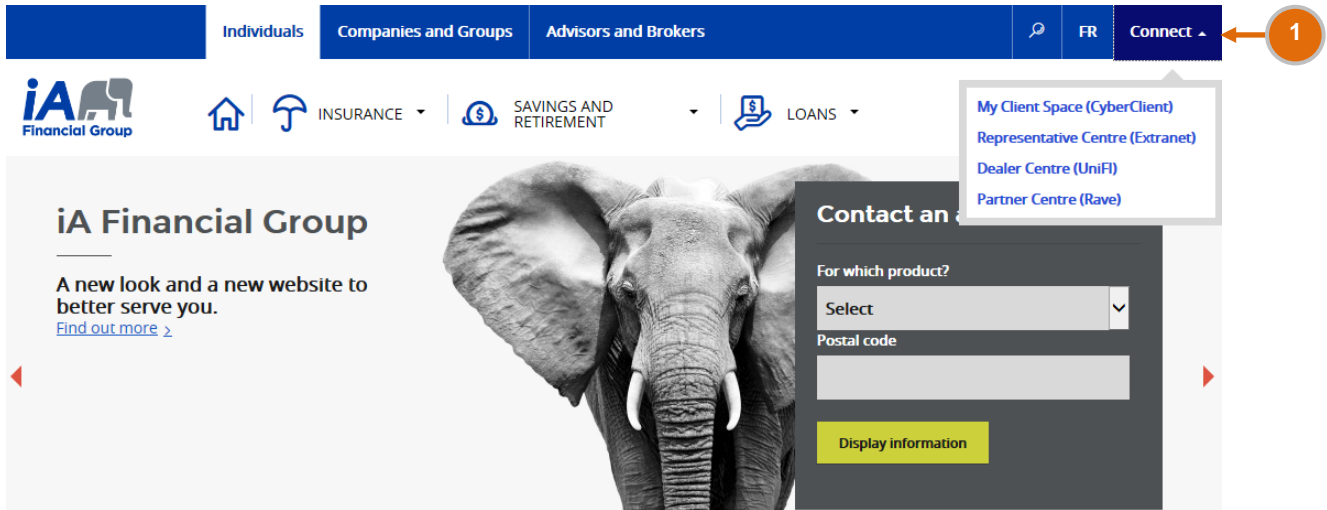
E-claims: Step 4 – Provider2

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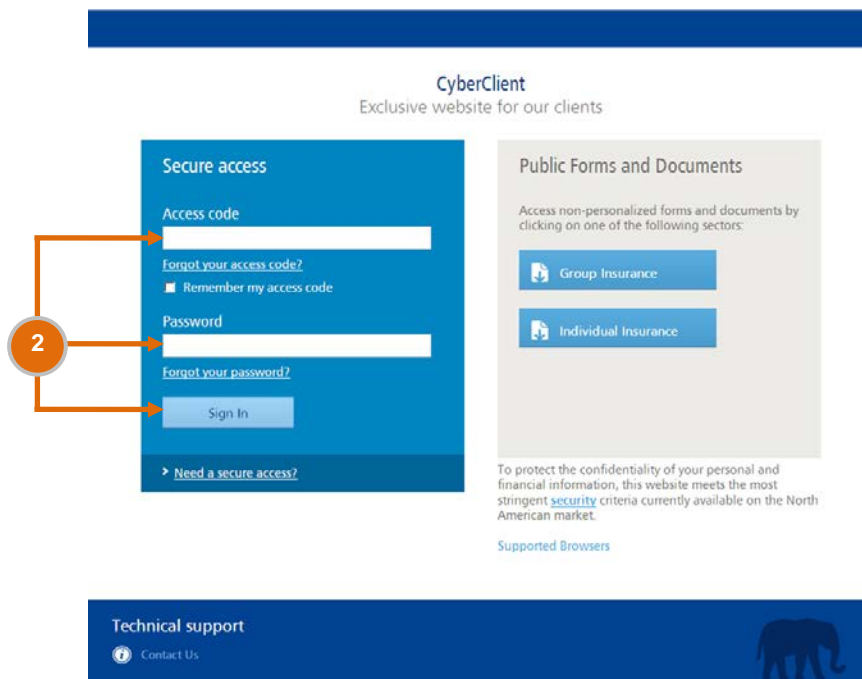
E-claims: Step 7 – Confirmation2

Access your Group Plan



» Go to our website at ia.ca.

- 1 At the top-right corner, click on [Connect](#) then on [My Client Space](#). The log-in page will appear on your screen (see screen below).



- 2 Type in your access code and password and click on [Sign In](#). You will automatically be directed to the homepage (see next page).
 - » If you are a new plan member, you will receive a letter including an activation key to create your own access code and password.
 - » If you are not a new plan member and have never accessed My Client Space, click on [Need a secure access?](#)
 - » If you do not remember your access code, click on [Forgot your access code?](#), and if you do not remember your password, click on [Forgot your password?](#).



The screenshot shows the CyberClient website interface. At the top, there is a header with the CyberClient logo and the text 'CyberClient' on the left, and 'Français' on the right. Below the header is a navigation bar with 'Home' and 'Your contracts' on the left, and 'JOHN MILLER' and 'Log Off' on the right. The main content area is divided into three columns. The first column is titled 'Your contracts' and contains a link for 'Group Insurance' with a sub-link 'Group Plan 000012-000000501'. A red circle with the number '3' and an arrow points to this sub-link. The second column is titled 'Document Centre' and contains a search bar with buttons for 'SEARCH', 'LAST', and 'FAVOURITE'. A red circle with the number '4' and an arrow points to the search bar. The third column is titled 'News' and contains three news items with dates and titles. A red circle with the number '3' and an arrow points to the first news item. On the right side of the page, there is a promotional banner for 'GROUP INSURANCE' with the text 'Submit claims from your mobile' and a 'Learn more' link.

- 3 Under [Your Contracts](#), click on your group plan to access your personal file.
- 4 Under [Document Centre](#), you will find useful documents and information, including brochures, forms and guides.

After 30 minutes of inactivity, your *My Client Space* session will automatically expire.

Enrol in Direct Deposit and Notification to submit an E-claim

The screenshot shows the My Client Space interface. The top navigation bar includes 'Home', 'Your contracts', 'JOHN MILLER', and 'Log Off'. The left-hand menu is categorized into 'Group Insurance', 'Member Information', 'Update Member Information', 'Claims', 'Tools', 'Health and Wellness', and 'Guides and Resources'. The 'Claims' section is expanded, and 'Direct Deposit and Notification' is highlighted. A red circle with the number '1' points to this menu item. The main content area shows a progress bar with four steps: 'Step 1 Direct Deposit' (highlighted in yellow), 'Step 2 Notification', 'Step 3 Summary', and 'Step 4 Confirmation'. A red circle with the number '2' points to the 'Step 1' button. Below the progress bar is an 'Information' section with a blue background and an information icon. It contains a bullet point: 'To have your health and/or dental claim reimbursements deposited directly into your bank account, please enter your banking information below. It's simple, fast and eco-friendly!'. Below this is the 'Direct Deposit' form. It includes a heading 'Direct Deposit' and a sub-heading 'The numbers to enter appear at the bottom of your personal cheque.' Below this is an image of a personal cheque with three red boxes labeled '1', '2', and '3' indicating the locations of the transit, financial institution, and bank account numbers. Below the image are four input fields: 'Transit No. 1 *', 'Financial Institution No. 2 *', 'Bank Account No. 3 *', and 'Confirm Bank Account No. *'. At the bottom right of the form are three buttons: 'Validate', 'Cancel', and 'Subscribe later'. A legend indicates that fields with an asterisk (*) are mandatory.

» You must first enrol in direct deposit and notification before using our E-claims service.

- 1 From the left-hand menu, under *Claims*, click on *Direct Deposit and Notification* to subscribe to these services for your health and dental claim payments or to update your banking information and email address.
- 2 Follow steps 1 to 4 to enrol in direct deposit and notification. You will receive a confirmation once you have entered the information required.

You can return to the *Direct Deposit and Notification* page at any time to update your banking information and your email address.

Please contact Customer Service at 1-877-422-6487 in the following cases:

- You are unable to sign up for direct deposit and notification or modify your banking information or email address through My Client Space.
- You wish to sign up for direct deposit for your disability benefits.



E-claims: Step 1 – Consent

Group Insurance
Group: 11 - DEMONSTRATION WEB FRANÇAIS
Division: 5 - DEMONSTRATION WEB FLEX - FRANÇAIS
Certificate: 501
Name: JEAN FAUCHER

Member Information
› Summary
› Personal Data
› Benefit Summary
› Member Statement
› Booklet
› Print Group Benefit Card

Update Member Information
› Change of Address

Claims
› Search Claims
› Personalized Forms
› Direct Deposit and Notification
› **E-claims**
› WebRx

Health and Wellness
› Health & Wellness Companion

Guides and Resources
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› Disability - Member Guide
› Coordination of benefits
› Fraud Prevention
› Customer Service

Claims
E-claims

Step 1 Consent | Step 2 Insured | Step 3 Benefit | Step 4 Provider | Step 5 Fees | Step 6 Submission | Step 7 Confirmation

i Information

- To submit your Health or Dental claim online, you must read and agree to the following terms and conditions. Click on **I accept** if you agree.
- Please note that some type of claims **cannot** be submitted online such as : **drugs (if you have a drug card), amount not covered by a Government Health Plan (Integration), expenses incurred outside the province of residence, worker's compensation, motor vehicle accident, dental care major treatment (bridgework, crowns, dentures), foot orthotics, orthopedic shoes, claims assigned to a third party, etc.** For such cases, you must complete a paper claim form. Personalized forms are available in the menu on the left.

TERMS AND CONDITIONS

I understand and authorize that in the event that there is a reasonable suspicion or any evidence of **fraud or abuse** regarding a claim, Industrial Alliance Insurance and Financial Services Inc. (the Company) will have the right to audit the claim at any stage, including after payment has been made. If the Company determines that I have intentionally submitted a claim which contains false or misleading information, the Company shall have the right, at its sole discretion, to notify my **employer**, deny the claim or require reimbursement, if the claim has been paid. In addition, the Company will have the right to **completely terminate** my coverage under this policy including any coverage for my dependents.

- As an insurer and/or an administrator of my group plan, the Company has the right to request that I submit the receipts and any supporting documentation of the claim and to validate the accuracy of the information I have provided.
- The Company has the right to request that I submit the receipts and any supporting documentation within 12 months of the date I submitted the claim online.
- I agree to send any receipts and supporting documentation for the claim upon request and within the timeframe requested. If this information is not received within the specified timeframe, the Company has the right to deny my claim and revoke my privilege to submit claims online.
- The Company reserves the right, at any time, to revoke my privilege to submit claims online. In such case, all future claims must be submitted using a paper claim form.

I refuse I accept

Next Step

- 1 In the left-hand menu under *Claims*, click on *E-claims* to submit your health, drugs, vision and dental expenses online.
- 2 Read the *Terms and Conditions*.
- 3 Select *I accept*.
- 4 Click on *Next Step*.



E-claims: Step 2 – Insured

Group Insurance
Group: 11 - DEMONSTRATION WEB FRANÇAIS
Division: 5 - DEMONSTRATION WEB FLEX - FRANÇAIS
Certificate: 501
Name: JEAN FAUCHER

Member Information
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› [Personal Data](#)
› [Benefit Summary](#)
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› [Booklet](#)
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Health and Wellness
› [Health & Wellness Companion](#)

Claims
E-claims

Step 1 Consent Step 2 Insured Step 3 Benefit Step 4 Provider Step 5 Fees Step 6 Submission Step 7 Confirmation

i Information
• Please select the insured for whom you wish to submit a claim online.

List of insureds

| Name | Other Insurer: Health | Other Insurer: Dental |
|---|-----------------------|-----------------------|
| <input checked="" type="radio"/> JEAN FAUCHER | | |
| <input type="radio"/> CHANTAL FAUCHER | | |
| <input type="radio"/> MAXIM FAUCHER | | |

Note: Please verify that the above information is accurate and up-to-date. Any error could have an impact on the reimbursement amount. To modify information for any of the insureds, please contact [Customer Service](#).

I confirm that the information for the selected insured is up-to-date.

[Previous Step](#) [Next Step](#) [Cancel Claim](#)

- 1 From the [List of insureds](#) section, select the name of the person for whom you wish to submit a claim online.
- 2 Check [I confirm that the information for the selected insured is up-to-date](#).
- 3 Click on [Next Step](#).



E-claims Step 3 – Benefit

Group Insurance
Group: 11 - DEMONSTRATION WEB FRANCAIS
Division: 5 - DEMONSTRATION WEB FLEX - FRANÇAIS
Certificate: 501
Name: JEAN FAUCHER

JOHN MILLER
Member information
› Summary
› Personal Data
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Claims
E-claims

Step 1 Consent Step 2 Insured **Step 3 Benefit** Step 4 Provider Step 5 Fees Step 6 Submission Step 7 Confirmation

Information

- Please select a benefit.
- The expenses that do not appear in the **List of expenses** below cannot be submitted online. You must complete a paper claim form.

Insured
Name JEAN FAUCHER

List of expenses

| Benefit | Type of expense/provider | Note |
|---|---|--|
| <input checked="" type="radio"/> HEALTH | -- Select -- Acupuncturist Audiologist Chiropractor Dietician Kinesitherapist Massage Therapist Naturopath Nutritionist Occupational Therapist Osteopath Physiotherapist Podiatrist Psychologist Psychotherapist Social Worker Speech Pathologist | For this benefit, you must use your group benefit card. If forgotten, please submit your claim using a paper form. |
| <input type="radio"/> DRUGS | | |
| <input type="radio"/> VISION | | |
| <input type="radio"/> DENTAL | | |

Previous Step **Next Step** Cancel Claim

- 1 In the *List of expenses* section, under *Benefit*, select *HEALTH*, *DRUGS*, *VISION* or *DENTAL*. Then under the *Type of Expense/provider* column, select the type of expense or a provider. If the expenses do not appear in the list of expenses/provider, you must complete a paper claim form.
- 2 Click on *Next Step*.



E-claims: Step 4 – Provider

Group Insurance
 Group: 11 - DEMONSTRATION WEB FRANCAIS
 Division: 5 - DEMONSTRATION WEB FLEX - FRANÇAIS
 Certificate: 501
 Name: JEAN FAUCHER

Member Information
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Claims
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Step 1 Consent | Step 2 Insured | Step 3 Benefit | **Step 4 Provider** | Step 5 Fees | Step 6 Submission | Step 7 Confirmation

Information
 • If your provider is not in the "List of last providers", you can search our database. However, a listed provider does NOT guarantee that the fees for the service rendered by this provider will be reimbursed.

Insured
 Name: JEAN FAUCHER

Provider Search - Chiropractor

1

Last name * THIBAUT
 First name
 License number * 79-568
 Province * Quebec
 Phone number () -
 Postal code

(*) Mandatory fields

2 Search Clear

Previous Step Next Step Cancel claim

» If a list of provider from your past claims does not appear on your screen or if the desired provider does not appear in the list of providers, you may search for your provider in our database.

- 1 From the *Provider Search* section, enter the *Last name*, *License number* of the service provider and select the *province*.
- 2 Click on *Search*. A list of providers will appear on your screen.

Provider search result(s) - Chiropractor

| Name | Address | Phone number | License number |
|--|---|----------------|----------------|
| <input type="radio"/> THIBAUT GASTON D.C | 16 RUE CAMIRÉ LÉVIS QC G6W 1S3 | (418) 833-2023 | 79568 |
| <input type="radio"/> THIBAUT GASTON D.C | 985 ROUTE LAGUEUX ST-ETIENNE-LAUZON QC G6J 1K2 | (418) 831-8503 | 79568 |
| <input type="radio"/> THIBAUT JEAN | RIVIERE-DU-LOUP QC | (000) 000-0000 | |
| <input type="radio"/> THIBAUT MARC | 515 JACQUES-CARTIER EST CHICOUTIMI QC G7H 2A1 | (418) 549-8412 | 86784 |
| <input type="radio"/> THIBAUT MATHIEU | 260 BOUL. DE LA SEIGNEURIE O. BLAINVILLE QC J7C 5A1 | (514) 402-1816 | 152060 |
| <input type="radio"/> THIBAUT VERONIQUE | 45 BEAUCHAMP MERCIER QC J6R 2S2 | (450) 844-1084 | 101784 |
| <input type="radio"/> THIBAUT VERONIQUE | 72 ST-JEAN-BAPTISTE SUITE 201 CHATEAUGUAY QC J6K 3A8 | (450) 699-0000 | 101784 |
| <input type="radio"/> THIBAUT VERONIQUE | 138 ST-LAURENT BEAUHARNOIS QC J6N 1V9 | (450) 225-2256 | 101784 |
| <input type="radio"/> THIBAUT VERONIQUE | 72 ST-JEAN-BAPTISTE CHATEAUGUAY QC J6K 4Y7 | (450) 692-0009 | 101784 |
| <input type="radio"/> THIBAUT VERONIQUE | 246 CHEMIN DE LA BEAUCE #2 BEAUHARNOIS QC J6N 2N6 | (450) 921-1200 | 101784 |

I cannot find my provider in the list.

Provider Search

Previous Step Next Step Cancel claim

E-claims: Step 4 – Provider (cont.)

Search Claims
Personalized Forms
Direct Deposit and Notification
E-claims
WebRx

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Provider search result(s) - Chiropractor

| Name | Address | Phone number | License number |
|---|---|----------------|----------------|
| <input type="radio"/> THIBAUT GASTON D.C | 16 RUE CAMIRÉ LÉVIS QC G6W 1S3 | (418) 833-2023 | 79568 |
| <input checked="" type="radio"/> THIBAUT GASTON D.C | 985 ROUTE LAQUEUX ST-ETIENNE-LAUZON QC G6J 1K2 | (418) 831-8503 | 79568 |
| <input type="radio"/> THIBAUT JEAN | RIVIERE-DU-LOUP QC | (000) 000-0000 | |
| <input type="radio"/> THIBAUT MARC | 515 JACQUES-CARTIER EST CHICOUTIMI QC G7H 2A1 | (418) 549-8412 | 86784 |
| <input type="radio"/> THIBAUT MATHIEU | 260 BOUL. DE LA SEIGNEURIE O. BLAINVILLE QC J7C 5A1 | (514) 402-1816 | 152060 |
| <input type="radio"/> THIBAUT VERONIQUE | 45 BEAUCHAMP MERCIER QC J6R 2S2 | (450) 844-1084 | 101784 |
| <input type="radio"/> THIBAUT VERONIQUE | 72 ST-JEAN-BAPTISTE SUITE 201 CHATEAUGUAY QC J6K 3A8 | (450) 699-0000 | 101784 |
| <input type="radio"/> THIBAUT VERONIQUE | 138 ST-LAURENT BEAUHARNOIS QC J6N 1V9 | (450) 225-2256 | 101784 |
| <input type="radio"/> THIBAUT VERONIQUE | 72 ST-JEAN-BAPTISTE CHATEAUGUAY QC J6K 4Y7 | (450) 692-0009 | 101784 |
| <input type="radio"/> THIBAUT VERONIQUE | 246 CHEMIN DE LA BEAUCE #2 BEAUHARNOIS QC J6N 2N6 | (450) 921-1200 | 101784 |

4 I cannot find my provider in the list.

5 **Provider Search**

Add provider - Chiropractor

Last name * THIBAUT

First name *

License number * 79-568

Address

Address(line 2)

City

Province * Quebec

Order, College or Association name * -- Select --

Postal code

Phone number () -

(*) Mandatory fields

7 **Add** **Clear**

8 **Previous Step** **Next Step** **Cancel claim**

3 From the *Provider search result(s)* section, select the desired provider from the list. If your provider cannot be found in the list of results, you may add the provider in our database:

4 Select *I cannot find my provider in the list*.

5 Click on *Provider Search*.

6 In the *Add Provider* section, enter the *Last name*, *First Name* and *License number*, then select the *Province* and *Order, College or Association name* of the service provider.

If the name of the Order, College or Association does not appear in the dropdown list, you must submit a paper claim.

7 Click on *Add*.

8 Click on *Next Step*.

E-claims: Step 5 – Fees

Group Insurance
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Division: 5 - DEMONSTRATION WEB FLEX - FRANÇAIS
Certificate: 501
Name: JEAN FAUCHER

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Claims
E-claims

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i Information

- Please enter your fee details for each visit separately and click on Add. Once all fees have been entered, click on Next Step.

Insured

Name JEAN FAUCHER

Fees incurred for the provider THIBAUT GASTON D.C

1 → **Date of service (mmddyyyy)***

2 → **Type of service***

Fees submitted*

(Please enter each visit separately.)

-- Select --

Coordination of benefit ⓘ Yes No

(*) Mandatory fields

3 → [Add](#) [Clear](#)

[Previous Step](#) [Next Step](#) [Cancel Claim](#)

- 1 In the *Fees incurred for the provider* section, enter the *Date of service (mmddyyyy)*. You may click on the *calendar* to select the date.
- 2 Select the *Type of service* and enter the *Fees submitted*.
- 3 Click *Add*. The *Details of fees incurred* section will appear on the bottom of your screen. See below.

| Details of fees incurred | | | | | |
|--------------------------|----------------------------------|----------------|-----------------------------------|--------|--------|
| Date of service | Type of service | Fees submitted | Amount paid by your other carrier | Reason | Delete |
| Jul 27, 2016 | Chiropractic - Initial treatment | \$60.00 | N/A | N/A | ✕ |
| Total fees submitted | | \$60.00 | \$0.00 | | |

[Previous Step](#) [Next Step](#) [Cancel Claim](#)

5 ↑

- 4 You can view the fees you have entered. If you made an error, click on ✕ under the *Delete* column and add a new fee.
- 5 Click *Next Step*.

E-claims: Step 6 – Submission

Group Insurance
Group: 11 - DEMONSTRATION WEB FRANÇAIS
Division: 5 - DEMONSTRATION WEB FLEX - FRANÇAIS
Certificate: 501
Name: JEAN FAUCHER

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Claims
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i Information
• Please verify that the information entered is correct then read and agree to the terms stated in the **Confirmation/Authorization** by clicking on **Yes** before submitting your claim.

Claim Details

| | |
|-----------------------|--|
| Name of insured | JEAN FAUCHER |
| Type of service | HEALTH - Chiropractor |
| Other insurer: Health | |
| Other insurer: Dental | |
| Provider's name | THIBAUT GASTON D.C |
| Provider's address | 985 ROUTE LAGUEUX ST-ETIENNE-LAUZON QC G6J 1K2 |

Fee Details

| Date of service | Type of service | Fees submitted | Amount paid by your other carrier | Reason |
|----------------------|----------------------------------|----------------|-----------------------------------|--------|
| Jul 27, 2016 | Chiropractic - Initial treatment | \$60.00 | N/A | N/A |
| Total fees submitted | | \$60.00 | \$0.00 | |

Confirmation/Authorization
Read and agree to the terms stated in the [Confirmation/Authorization](#) No Yes

Previous Step **Submit Claim** Cancel Claim

- 1 Verify that the information entered in the sections *Claim Details* and *Fee Details* is correct.
- 2 Click on *Confirmation/Authorization* and read and agree to the terms and conditions stated in this section.
- 3 Click on *Yes* to accept the terms and conditions.
- 4 Click on *Submit Claim*.

E-claims: Step 7 – Confirmation

Group Insurance
Group: 11 - DEMONSTRATION WEB FRANÇAIS
Division: 5 - DEMONSTRATION WEB FLEX - FRANÇAIS
Certificate: 501
Name: JEAN FAUCHER

Member Information

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Claims
E-claims

Step 1 Consent Step 2 Insured Step 3 Benefit Step 4 Provider Step 5 Fees Step 6 Submission **Step 7 Confirmation**

 **Confirmation**

- Your claim has been submitted successfully.
- Confirmation number: **999999999A**
- You will soon receive a notice regarding the processing of this claim.

Please keep the receipts related to this claim for a period of 12 months following the date you submitted this claim online.
Please note that Industrial Alliance makes random verifications and could ask you, at any time, to submit your original receipts. If you fail to do so when requested, Industrial Alliance could cancel the claim and reverse the payment that has already been made. Industrial Alliance also maintains the right to revoke your privilege to submit claims online.

 **Information**

- To submit another claim, click on **New Claim Request**. To return to the Summary, click on **Back**.

| Claim Details | |
|-----------------------|--|
| Name of insured | JEAN FAUCHER |
| Type of service | HEALTH - Chiropractor |
| Other insurer: Health | |
| Other insurer: Dental | |
| Provider's name | THIBAUT GASTON D.C |
| Provider's address | 985 ROUTE LAGUEUX ST-ETIENNE-LAUZON QC G6J 1K2 |

| Fee Details | | | | |
|----------------------|----------------------------------|----------------|-----------------------------------|--------|
| Date of service | Type of service | Fees submitted | Amount paid by your other carrier | Reason |
| Jul 27, 2016 | Chiropractic - Initial treatment | \$60.00 | N/A | N/A |
| Total fees submitted | | \$60.00 | \$0.00 | |

[New Claim Request](#) [Back to Summary](#)



- ✔ A confirmation message will appear.
- ✔ Keep a record of your *confirmation number*.
- ✔ You will soon receive a notice regarding the processing of this claim.
- ① Click on *New Claim Request* to submit another claim.
- ② Click on *Back to Summary* to return to the summary page.