



BENEFIT update



Electronic dental claims submission instructions for use by your dental provider. Please take this with you to your next dental appointment to ensure the dental office is able to set your file up for electronic submission directly to Medavie Blue Cross

Policy No.

- Please drop the two leading zeros in front of the policy number (ex: 93075001) and enter the remaining eight digits into the policy/group field on your system for successful claim submission.
- The division/section field on your system should be left blank.



Serving
Canadians from
Coast to Coast

Au service
des Canadiens d'un
océan à l'autre

NAME OF SUBSCRIBER
STREET ADDRESS
P.O. BOX / RR
CITY / PROVINCE
POST CD

Policy No. Effective Date
0093075001 01 May 05

Identification No.

- The patient's full eleven digit identification number (ex: 99999999900) must be entered for successful claim submission.
- The final two digits of this number identifies the patient, please ensure the correct patient is identified.



Identification No.	Name	Birthdate	Comments
99999999900	NAME OF SUBSCRIBER	12 Mar 50	
99999999901	NAME OF SPOUSE	09 Nov 61	
99999999902	NAME OF DEPENDENT (1)	22 Sept 90	T 01 Jan 99
99999999903	NAME OF DEPENDENT (2)	03 Oct 99	

For information call toll-free Composez le numéro sans frais pour de l'information.

Name and Birthdate

- The patient's first and last name as well as birthday must be entered exactly as it appears on the identification card as the system validates this information.

Hint: setting up all members of the family at one time may save you time in the future.

Transmission information for use by the dental office:

**Network used is NDC
BIN # 610047
CDAnet® Version 2.4**

Our Customer Information Centre is available Monday through Friday from 8a.m. to 5p.m. EST for assistance with claim submission.

Customer Information Centre
1.800.355.9133 in Ontario