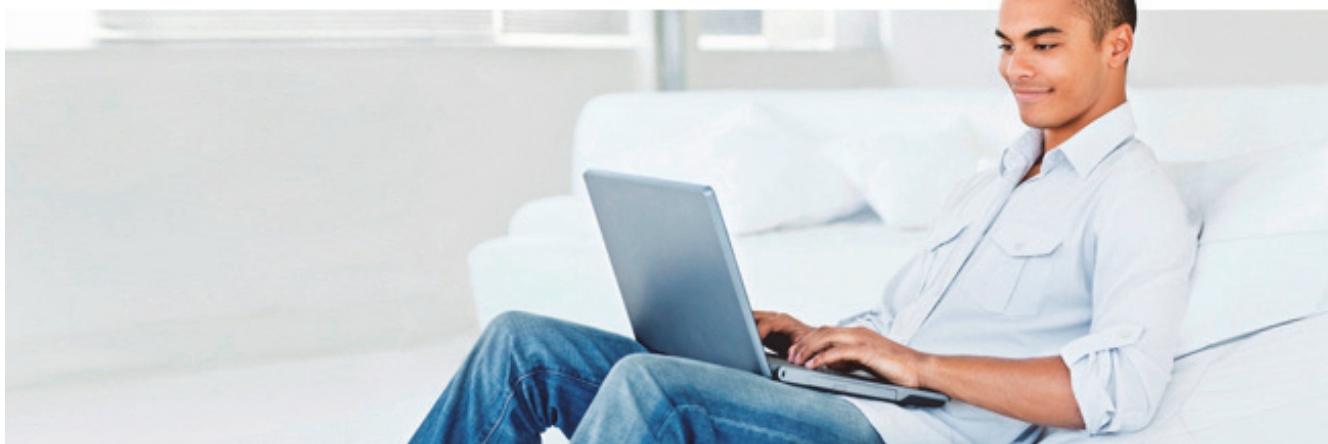




E-claims Guide



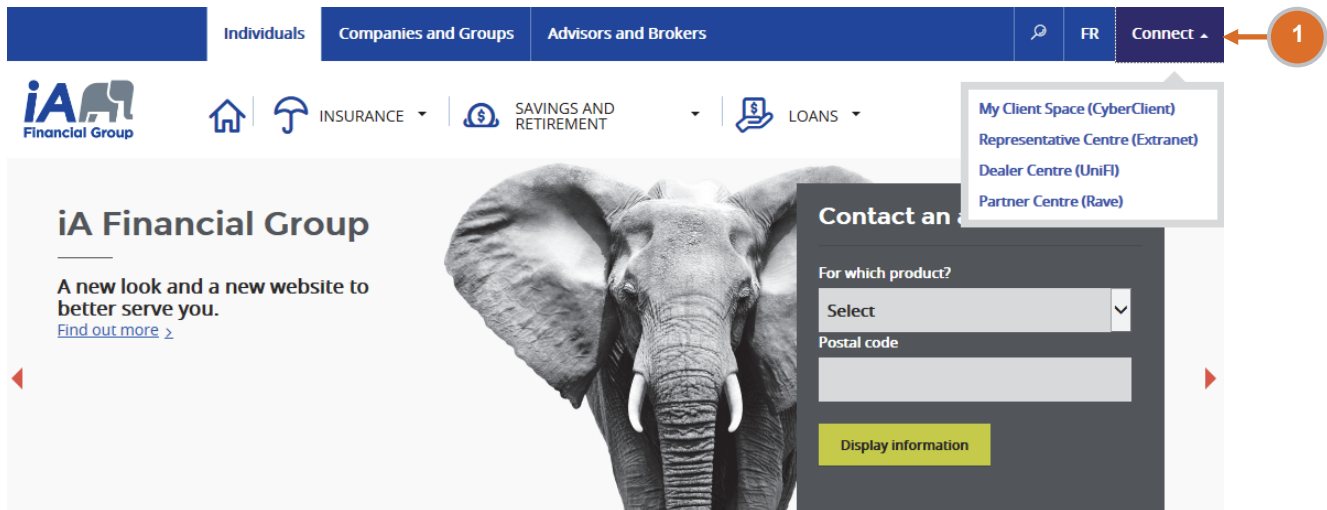
INVESTED IN YOU.

ia.ca

March 2015

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> 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?](#).

> Access your Group Plan (cont.)

The screenshot shows the IAC CyberClient interface. At the top, there's a header with the IAC logo, 'CyberClient', and a 'Français' link. Below the header is a navigation bar with 'Home' and 'Your contracts' (with a dropdown arrow). The user is logged in as 'JOHN MILLER' with a 'Log Off' link. The main content area is divided into two columns. The left column is titled 'Your contracts' and contains a 'Group Insurance' section with a link to 'Group Plan 000012-000000501'. Below this is a 'Document Centre' section, which is highlighted with an orange box. This section has tabs for 'SEARCH', 'LAST', and 'FAVOURITE', a search input field with a magnifying glass icon, and a link to 'Group Insurance'. The right column is titled 'News' and contains three news items dated October 02, 2013, September 25, 2013, and June 25, 2013. A 'GROUP INSURANCE' banner is visible on the right side of the page.

3 → Group Plan 000012-000000501

4 → Document Centre

SEARCH LAST FAVOURITE

Group Insurance

News

October 02, 2013
Your group insurance newsletter: taking medication as prescribed: A healthy initiative!
Did you know that taking your medication as prescribed optimizes its effectiveness?...

September 25, 2013
Discover the Pick-A-Term Life insurance
Discover today how Pick-A-Term life insurance is the custom solution for you!...

June 25, 2013
Group Insurance - Traveling Outside of your Province of Residence? Don't Forget your Group Benefit Card!
By traveling with your Group Benefit Card, you will have peace of mind knowing you can reach CanAssistance, your medical assistance service...

[All the news](#)

- 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

Home Your contracts ▾ JOHN MILLER ▾ Log Off

Group Insurance
Group: 11 - DEMONSTRATION WEB FRANÇAIS
Division: 5 - DEMONSTRATION WEB FLEX - FRANÇAIS
Certificate: 501
Name: JOHN MILLER

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Claims
Direct Deposit and Notification

Step 1 Direct Deposit Step 2 Notification Step 3 Summary Step 4 Confirmation

Information
 • 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!

Direct Deposit
 The numbers to enter appear at the bottom of your personal cheque.

Transit No. 1 * Financial Institution No. 2 * Bank Account No. 3 * Confirm Bank Account No. *

(*) Mandatory fields
 Validate Cancel
 Subscribe later

» 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

Home Your contracts ▾ JOHN MILLER ▾ Log Off

Group Insurance
Group: 12 - LIVE WEB DEMO
Division: 5 - DEMO WITH FLEX
Certificate: 501
Name: JOHN MILLER

Member Information

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Claims
E-claims

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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 not all types of claims can be submitted online such as: expenses incurred outside Canada, coordination of benefits, worker's compensation, traffic accident, dental care major treatment (bridgework, dentures, partials and orthodontics), claim assigned to a third party. For such cases, you must complete a paper claim form.
- Personalized forms are available in the menu on the left.

TERMS AND CONDITIONS

- As an insurer and/or an administrator of your group plan, Industrial Alliance has the right to verify the accuracy of the information you have provided to support the claim.
- Industrial Alliance has the right to request that you submit the original receipts and any supporting documents within **12 months** of the date you submitted the claim online.
- Upon request, you must submit to Industrial Alliance the original receipts and all supporting documents for the claim within **30 days** of the date that these documents were requested.
- Industrial Alliance maintains the right at any time to revoke your privilege to submit a claim 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

[Home](#) [Your contracts](#) JOHN MILLER [Log Off](#)

Group Insurance
Group: 12 - LIVE WEB DEMO
Division: 5 - DEMO WITH FLEX
Certificate: 501
Name: JOHN MILLER

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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

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
☒	JOHN MILLER		
☐	CARTER MILLER		
☐	OLIVIA MILLER		

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: 12 - LIVE WEB DEMO

Division: 5 - DEMO WITH FLEX

Certificate: 501

Name: JOHN MILLER

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Claims

E-claims

Step 1 Consent

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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	JOHN MILLER
------	-------------

List of fees

	Benefit	Type of Expense	Note
☒	HEALTH	-- Select --	
☐	DRUGS	-- Select --	
☐	VISION	Acupuncture	
☐	DENTAL	Audiology	
		Chiropractic	
		Dietetics	
		Kinesitherapy	
		Massage	
		Naturopathy	
		Occupational therapy	
		Osteopathy	
		Physiotherapy	
		Podiatry	
		Psychology	
		Social work	
		Speech therapy	

For this benefit, you must use your group benefit card. If forgotten, please submit your claim using a paper form.

Previous Step

Next Step

Cancel Claim

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

E-claims: Step 4 – Provider

Group Insurance
 Group: 12 - LIVE WEB DEMO
 Division: 5 - DEMO WITH FLEX
 Certificate: 501
 Name: JOHN MILLER

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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 the desired provider is not in your list of past providers, you can search in our database.

Insured
 Name JOHN MILLER

Provider Search - Chiropractic

1

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

2 (*) Mandatory fields
 Search Clear

Previous Step Next Step Cancel claim

» If a list of providers 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.

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Provider search result(s) - Chiropractic

Name	Address	Phone number	License number
☐ THIBAUT GASTON D.C	16 RUE CAMIRÉ LÉVIS QC G6W 1S3	(418) 833-2023	79568
☐ THIBAUT GASTON D.C	985 ROUTE LAGUEUX ST-ETIENNE-LAUZON QC G6J 1K2	(418) 831-8503	79568
☐ THIBAUT JEAN	RIVIERE-DU-LOUP QC	(000) 000-0000	
☐ THIBAUT MARC	515 JACQUES-CARTIER EST CHICOUTIMI QC G7H 2A1	(418) 549-8412	86784
☐ THIBAUT VERONIQUE	246 CHEMIN DE LA BEAUCE #2 BEAUHARNOIS QC J6N 2N6	(450) 921-1200	101784
☐ THIBAUT VERONIQUE	138 ST-LAURENT BEAUHARNOIS QC J6N 1V9	(450) 225-2256	101784
☐ THIBAUT VERONIQUE	72 ST-JEAN-BAPTISTE SUITE 201 CHATEAUGUAY QC J6K 3A8	(450) 699-0000	101784
☐ THIBAUT VERONIQUE	72 ST-JEAN-BAPTISTE CHATEAUGUAY QC J6K 4Y7	(450) 692-0009	101784

☐ I cannot find my provider in the list.

Provider Search

Previous Step Next Step Cancel claim



E-claims: Step 4 – Provider (cont.)

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E-claims

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Provider search result(s) - Chiropractic

Name	Address	Phone number	License number
☐ THIBAUT GASTON D.C	16 RUE CAMIRÉ LÉVIS QC G6W 1S3	(418) 833-2023	79568
☒ THIBAUT GASTON D.C	985 ROUTE LAGUEUX ST-ETIENNE-LAUZON QC G6J 1K2	(418) 831-8503	79568
☐ THIBAUT JEAN	RIVIERE-DU-LOUP QC	(000) 000-0000	
☐ THIBAUT MARC	515 JACQUES-CARTIER EST CHICOUTIMI QC G7H 2A1	(418) 549-8412	86784
☐ THIBAUT VERONIQUE	246 CHEMIN DE LA BEAUCE #2 BEAUHARNOIS QC J6N 2N6	(450) 921-1200	101784
☐ THIBAUT VERONIQUE	138 ST-LAURENT BEAUHARNOIS QC J6N 1V9	(450) 225-2256	101784
☐ THIBAUT VERONIQUE	72 ST-JEAN-BAPTISTE SUITE 201 CHATEAUGUAY QC J6K 3A8	(450) 699-0000	101784
☐ THIBAUT VERONIQUE	72 ST-JEAN-BAPTISTE CHATEAUGUAY QC J6K 4Y7	(450) 692-0009	101784

☒ I cannot find my provider in the list.

Provider Search

Add provider - Chiropractic

Last name *

THIBAUT

First name *

MARIE

License number *

79568

Address

Address (line 2)

City

Province *

Quebec

Order, College or Association name *

-- Select --

Postal code

Phone number

() -

(*) Mandatory fields
Add
Clear

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

Group: 12 - LIVE WEB DEMO

Division: 5 - DEMO WITH FLEX

Certificate: 501

Name: JOHN MILLER

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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

- 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 JOHN MILLER

Fees incurred for the provider THIBAUT GASTON D.C

1 → **Date of service (mmddyyyy)*** (Please enter each visit separately.)

2 → **Type of service*** -- Select --

Fees submitted*

(*) 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	Delete
Sep 1, 2011	Chiropractor - Adjustment/treatment	\$60.00	☐
Total fees submitted		\$60.00	

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: 12 - LIVE WEB DEMO

Division: 5 - DEMO WITH FLEX

Certificate: 501

Name: JOHN MILLER

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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 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	JOHN MILLER
Type of service	HEALTH - Chiropractic
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
Sep 1, 2011	Chiropractic - Initial treatment	\$80.00
Total fees submitted		\$60.00

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: 12 - LIVE WEB DEMO
Division: 5 - DEMO WITH FLEX
Certificate: 501
Name: JOHN MILLER

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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	JOHN MILLER	
Type of service	HEALTH - Chiropractic	
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	
Apply the unpaid portion to my Health Spending Account (HSA)	No	

Fee Details		
Date of service	Type of service	Fees submitted
Oct 30, 2014	Chiropractic - Subsequent treatment	\$85.00
Total fees submitted		\$65.00

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

1

2

- ✓ 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.