

IMPORTANT NOTICE

A duly completed and signed claim form is necessary even if you have not made any payments. Your provincial health plan covers partially some of the fees for medical care received during your trip. CanAssistance reimburses these fees in full and will collect the amount payable on your behalf.

Filing a claim



Complete and sign the claim form

- Each person who received healthcare services must complete a claim form.



Attach the following documents:

- Original itemized bills for all healthcare services received, the diagnosis and treatment must appear clearly.
- Original prescription drug receipts showing the name of the drug, the dosage and the price.
- Proof of payment for all expenses claimed, such as a credit card statement or proof of a deposited cheque showing the currency in which the service was paid. In the absence of a bank or credit card statement, a receipt may be accepted.
- Proof of your departure and return dates, such as a plane ticket, a stamped copy of your passport, a bank or credit card statement showing purchases made in Canada just before your departure date and immediately after your return.
- Any other relevant document(s), such as medical reports, lab results, etc.



Send this claim and all required documents by email at bluecross@canassistance.com

Or by mail: **CanAssistance**
Travel Claims Department
PO BOX 3888, Station B
Montreal, Quebec, H3B 3L7

Additional Information

You may make copies of all submitted documents for your files, as they will not be returned.

Your claim will be reviewed as quickly as possible once we have received the required documents. The following situations may increase the time it takes us to process your claim:

- An incomplete claim form or missing document
- Delayed or missing detailed invoice
- Delayed or missing medical information

Eligible expenses are reimbursed in Canadian funds by cheque made out to the Primary plan member. If you are covered by more than one travel insurance policy, indicate this on your claim form. We will work with the other issuer to coordinate your benefits as needed.

If you receive a bill, please do not make any payments directly to the service provider unless we instruct you to do so. Simply send it to the address above.

Should you have any questions about your claim, please contact our customer service toll-free at 1-866-330-3633 or at 1-306-667-5299, Monday through Friday from 8:30 am to 8:00 pm (EST) or by email at bluecross@canassistance.com.



TRAVEL INSURANCE CLAIM FORM

POLICY / ID NUMBER

Policy/ID number input field

PATIENT INFORMATION (please complete separate form for each person)

Patient information form including Prov. Health Ins. Card No., Name, Date of Birth, Sex, and Address.

STAY OUTSIDE CANADA/PROVINCE

Stay outside Canada/Province form including Date of Departure, Reason for Trip, and Employer/Institution details.

SERVICES AND CARE RECEIVED

Services and Care Received form including Reason for Medical Services, Accident Details, and Insurance Information.

MEDICAL INFORMATION BEFORE DEPARTURE

Medical Information Before Departure form including Doctor and Specialist information, Hospitalization history, and Medication list.

PATIENT'S AUTHORIZATION

Patient's Authorization form containing legal consent text and signature/Date fields.

PRIMARY PLAN MEMBER (IF DIFFERENT FROM THE PATIENT)

Primary Plan Member form including Last Name, First Name, Age, and Telephone information.

ATTENTION: READ CAREFULLY

PLEASE COMPLETE AND SIGN THE CLAIM FORM. SEND IT ALONG WITH ALL REQUIRED DOCUMENTS BY EMAIL AT BLUECROSS@CANASSISTANCE.COM OR BY MAIL TO THE FOLLOWING ADDRESS:

CANASSISTANCE TRAVEL CLAIMS DEPARTMENT PO BOX 3888, STATION B MONTREAL (QUEBEC) H3B 3L7