Online Claim Submission – Other Providers

Over the summer of 2017, Manulife has made some updates to claim submissions. Previously, if the service or expense that you have was not listed on their providers drop down menu, you had to mail in the claim to Manulife. Now you can submit this expense online either from a computer or mobile device by attached a file containing your claim expenses.

To submit these claims online, you will simply do the following:

1. Once you have login in to the Manulife Plan Member website, you will want to click on "Submit a health or dental claim" which is found under the claims tab

Home	My benefits	Claims	Forms	Wellness centre	My	y profile	Contact us
	Submit a claim		Available baland	ces		Direct Depo	sit and ECS information
. 🔍	Submit your claim for reimbursement		Check to see what		Provide your information for direct deposi		
	Submit a health or dental claim		Paramedical balan	ces		Update Direct	Deposit and ECS information
	Submit a disability claim		HCSA/Taxable Wel	Iness Account balance			
(Claim forms						
	Claims history						
	Your claims history is available fo reference	r your					
	Search my claims						
	Online claims status						
	Health claims						
	Dental claims						
1	Taxable Wellness Account						
	HCSA						
	Find an electronic letter						
icint (date Status	submitted	subtotal	total date	Details	Cla	im forms

2. You will see this warning, you will want to click on continue



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3. On the first page under "Select Service Provider", you will want to choose the option "Other"

my Health or Dental	plan			
my Health or Dental	plan first, and any remain	ning balance from my He	alth Care Spending Ac	count
my Health Care Sp	nding Account only			
Select service provider t	type and patient			
Select service provider ty	ре		Select.	0
Your plan might not have co	verage for all the items o	Select. Vision care provider n thDental/Orthodontics Chiropractor		
Or select a spending acco	ount	Massage therapist Physiotherapist Acupuncturist Chiropodist)
If your dependant is not liste	ed please contact your pla	an aNaturopath		
<u>Select a patient</u>		Podiatrist Psychologist Speech therapist		
Less expenses?	nder another plan for	Athletic therapist Social worker Other		

4. You will see this when you select this option.

Choosing the type of service provider
Please use "Other" category only if you are claiming:
 medical equipment and supplies, hospital expenses, ambulance expenses, diagnostic fees, emergency expenses from outside your province (or outside Canada), or expenses from any other type of service provider not listed.
Or adding a document for a previous claim:
 send additional documentation as requested by Manulife.
Close

5. You will then select you the claim is for and answer the questions regarding coverage under another plan.

Or select a spending account Select. If your dependant is not listed please contact your plan administrator Select a patient Select.	Your plan might not have coverage for all the items of	on the list. Check your plan details to be	e sure.
If your dependant is not listed please contact your plan administrator Select a patient Select.	Or select a spending account	Select.	0
Les this patient covered under another plan for Yes No	If your dependant is not listed please contact your pl	lan administrator Select.	0
these expenses?	Is this patient covered under another plan for these expenses?	Yes No	

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6. On the next page, instead of entering the expense, you will be able to upload your expenses from your computer or mobile device. Once you have uploaded the file, you will finish off the claim submission by clicking on the "I have read and agree with the terms, condition and authorization" and then click on the submit button.

Attachments	Need help attaching your docume
 Supported formats: gif, jpeg, jpg, pdf, png, tif or tiff Maximum size for each file: 5MB 	
Attach your document(s)	
Select D	
Any unpaid portion of this claim will be processed separate Account. Please do not submit a separate claim/requiring of 5-7 Business days.	rately under your Health Care Spending lest for this expense. Allow processing
Terms, conditions & authorization	
I certify that the information provided for the claim(s) being subm my spouse and/or my dependants have received all goods or ser	itted is true, accurate and complete and that rvices as claimed.
I understand and acknowledge that submission of a claim determ will be reported, together with any related information/documenta acknowledge that Manulife may refer any claims it has determine subtorities for possible prosecution. Manufife will pursue the reco	nined by Manulife to be false or misrepresent ation, to my plan sponsor. I understand and ad were falsely submitted to law enforcement avery of any money that has been obtained
improperly through false claim submission.	
improperly through false claim submission. I understand that I am required to keep the original claim receipts carrier, and any other supporting documentation for 12 months fo submission for audit purposes. These documents could be reque	s, EOB (explanation of benefits) from other ollowing the date of this online claim ested at any time during this period.
I understand that I am required to keep the original claim receipts carrier, and any other supporting documentation for 12 months for submission for audit purposes. These documents could be reque Please read and agree with the <u>terms, conditions</u> and <u>authoriz</u>	s, EOB (explanation of benefits) from other ollowing the date of this online claim ested at any time during this period. <u>ation</u> .
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Please keep your receipts and make note of the Manulife confirmation for your online claim submission.