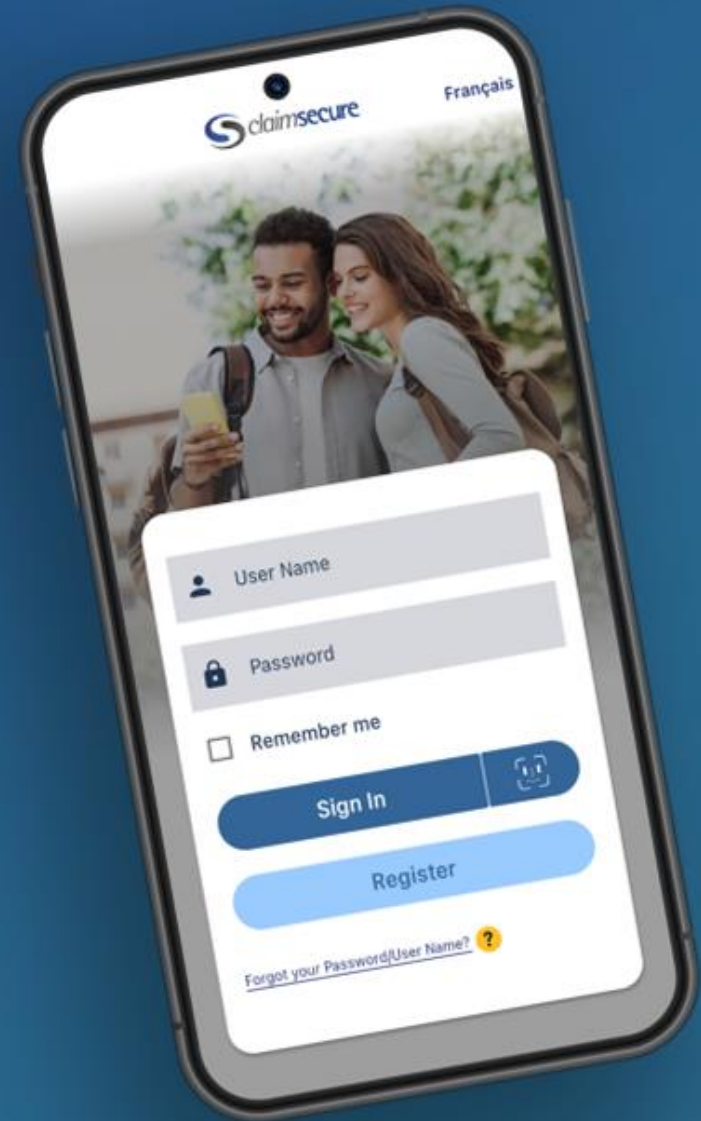




# SUBMIT CLAIMS



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welcome to eProfile™



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My Account



Claims



My Forms



Coverage &  
Balances



Benefit Booklets



eCard



Provider Search



Welcome to your eProfile!

Let's navigate through the tiles!



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## Claims



### Submit eClaim

Enter claim details and submit directly for payment



### View Claims

Reversals, Receipts Required and Claims



### Activity Dashboard

Health claims, transaction volumes and expense details



### View Photoclaim History

View Photoclaims submitted in the last 30 days

You will be presented with 4 options

1. Allows you to submit claims
2. View Claims
3. Activity Dashboard
4. View PhotoClaim History



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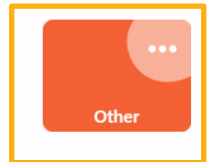


My Account

### Recent Claims

	BENEFIT	PATIENT NAME	SUBMITTED	PAID	STATUS	SERVICE DATE	SUBMITTED DATE	
	Acupuncturist	MEMBER DEMO	\$50.00	\$0.00	CANCELLED	05/12/2020	07/12/2020	+
	Acupuncturist	MEMBER DEMO	\$50.00	\$0.00	CANCELLED	03/12/2020	03/12/2020	+
	Acupuncturist	MEMBER DEMO	\$-75.00	\$-75.00	REVERSED	20/11/2020	30/11/2020	+
	Athletic Therapist	MEMBER DEMO	\$50.00	\$0.00	CANCELLED	06/11/2020	30/11/2020	+
	Aerochamber	MEMBER DEMO	\$50.00	\$0.00	CANCELLED	06/11/2020	30/11/2020	+
	Acupuncturist	MEMBER DEMO	\$75.00	\$75.00	PAID	20/11/2020	30/11/2020	+
	Foot Care Bv RN	Member Demo	\$100.00	\$0.00	CANCELLED	20/11/2020	20/11/2020	+

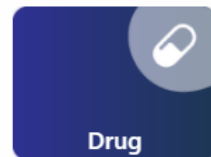
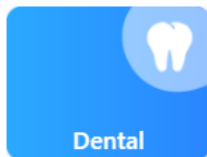
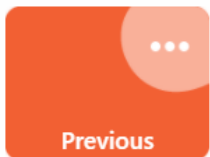
### Claim Types



Upon navigating to the claims screen, you will be presented with your most recently submitted claims. If you are resubmitting the same claim type as previous however with a new service date you can simply press the + provider, enter the necessary dates and the claim will be processed accordingly.

If entering a new claim the most recent submission types will be entered as a tile below your list of previous claims. You can select those or simply select the "Other" tile. You will then be prompted to select a claim type. This is dynamic based on benefits set up.

### Claim Types



[No Title]





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Service Type



Health

Vision

Hospital



Breathing Equipment

Aerobika OPEP device

Aerobika OPEP device - Maintenance

Aerochamber

Aerochamber under 7 years

APAP

APAP - Maintenance

APAP - Rental

APAP - Replacement Mask

APAP - Supplies

Apnea Monitor

Atomizers & Vaporizers

Bi-PAP/VPAP

Bi-Pap/VPAP - Maintenance

Bi-PAP/VPAP - Supplies

Cough Assist Machine

CPAP

CPAP - Maintenance

CPAP - Rental

CPAP - Replacement Mask

CPAP - Supplies

Previous

In this case I've selected Health. You will need to enter the type of service you were provided.

You can enter all or part of the service and the system will dynamically provide you with the options that apply. Once a benefit is selected you will be prompted to click "Next" to continue.

podiat



Orthopaedic Equipment

Parapodium

Paramedical Practitioners

Chiroprapist

Chiroprapist - Surgery

Chiroprapist X-Rays

Podiatric - Surgery



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Select Provider



Recent Providers

	NAME	ADDRESS	CITY	PROVINCE	
	KUCHERAN, BETH-ANNE AC	1708 LASALLE BLVD	SUDBURY	Ontario	

Or

 Search For Provider

Previous

Next

You will then need to select your provider.

Your recently used providers will appear. You can simply select from that list by selecting the provider entry and clicking "Next".

If your provider does not appear in the list you will need to search for your provider.

[Home](#)

## Messages



**Contact Us**



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[Privacy & Legal](#)[Log Off](#)

Google

Unable to find your provider?

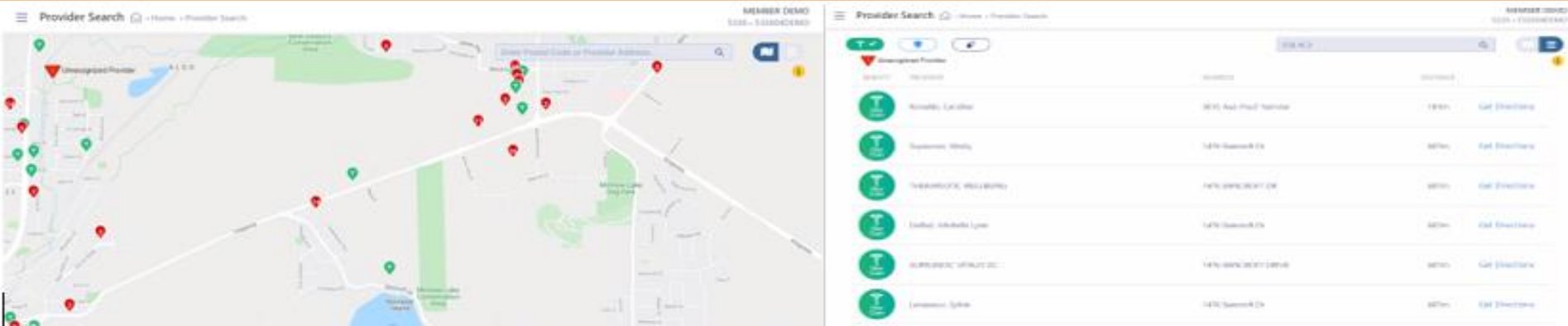
**CONTINUE**

North  
Atlantic  
Ocean

Map data ©2020 Google, INEGI Terms of Use

Enter the postal code, or provider address.

You can choose to have the option listed in map format or listed individually.







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Claim Details



Please Note: There is a per claim maximum of \$230.00 for Extended Health Care online claims submissions. Claims exceeding this amount will be pended for adjudicator review. All receipts must be uploaded with the claim.

SERVICE DATE	PATIENT	SERVICE	AMOUNT	COORDINATION OF BENEFITS (COB) <span>i</span>	COB AMOUNT <span>i</span>
Claim 1 <span>↕</span>					
Service Date <input type="text"/>	Patient <input type="text"/>	Service Podiatrist	Amount <input type="text"/>	COB <input type="checkbox"/>	COB Amount <input type="text"/>

[+ Add New Claim](#)

Previous

Next

Enter the "Service Date" as well as the "Patient" and "Amount" of claim.

COB=Coordination of Benefits  
If the claim has already been processed under a primary plan, click COB and indicate in the "COB Amount" how much was paid. If ClaimSecure is the primary payer, leave "COB" unchecked.

## Claim Details



Please Note: There is a per claim maximum of \$999,990.00 for Extended Health Care online claims submissions. Claims exceeding this amount will be pended for adjudicator review. All receipts must be uploaded with the claim.

You currently have \$1,000.00 left in your Health Spending Account.

Balance is as of Midnight (EST). Claims processed today will be reflected on the next business day.

SERVICE DATE

PATIENT

SERVICE

AMOUNT 

## Claim 1



Service Date

Patient


Service

Podiatrist

Amount

COB 
☐

COB Amount 


Pay Balance from HSA 
☐

Previous

Next

Enter the "Service Date" as well as the "Patient" and "Amount" of claim.

COB=Coordination of Benefits

If the claim has already been processed under a primary plan, click COB and indicate in the "COB Amount" how much was paid. If ClaimSecure is the primary payer, leave "COB" unchecked.

Pay Balance from HSA

If the member is submitting a claim and would want any potential balance paid through their HSA, they would click this box.



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## Claim Summary

	SERVICE DATE	PATIENT	SERVICE	SUBMITTED AMOUNT
1	2020-12-04	MEMBER DEMO	Podiatrist	\$50.00
Total:				\$50.00

### Note

Should supporting receipt(s)/documentation be required to process your claim, you must supply an electronic copy of those receipt(s)/documentation along with the submission of your eClaim.

We cannot accept separately submitted supporting documentation arriving by fax, email or the postal system.

Note: To submit your receipts and/or documentation electronically you will need to digitize your images using a scanner or the camera feature on your cellphone.

#### Terms and Conditions

=====

If you have read and understood and agree to the following online claims submission Terms and Conditions, Privacy Policy and Disclaimer, then click the "I Agree" button to continue.

#### About these Terms and Conditions

=====

These online claims submission Terms and Conditions apply to all claims you submit of any kind for any patient or provider with our online claims submission service.

#### Disclaimer

=====

After you have read, understood and accept reading the disclaimer, click on one of the options at the bottom to agree or disagree. I certify that the information I will provide for this online claims submission is true and complete and that I am authorized to submit this claim. I certify that I am authorized to disclose and receive information about my spouse and/or dependents for purposes of assessing and paying a benefit if any. I acknowledge that any reimbursement of the charges and explanation of such amounts paid will be provided to the benefit plan member. I authorize ClaimSecure, healthcare professionals, insurers, administrators of government or other benefit plans, and other services providers working with ClaimSecure to exchange necessary information regarding this claim for the purpose of administering my

Previous

**Review the claims summary to ensure the information entered is accurate.**

**Review the terms and condition and ensure to check off the necessary box and click "Submit"**

ClaimSecure may, at its sole discretion, and without prior notice, deduct such monies from your future claim payments.

You will access our website before submitting a claim and will use the most updated claim form, Disclaimer, Terms and Conditions and Privacy Policy available on our website.

If your claims submission(s) is selected for Audit

=====

Upon request, ClaimSecure may require you to provide the original claim receipt(s). You are responsible for producing and providing the original receipts to ClaimSecure within 30 days.

If you fail to provide the original claim receipt(s) to ClaimSecure, we reserve the right to remove your access to online claims submission and/or notify your plan sponsor without prior notice.

We may revise this Disclaimer from time to time, and will post the most current version on our website at (<https://www.claimsecure.com/>). Please check back from time to time to ensure that you are aware of any changes and are using the most recent version of the Disclaimer. We will indicate at the top of the page the date this Disclaimer was last revised. Your continued use of our services after any such changes constitutes your acceptance of the Disclaimer as revised.

☒ I have read, understand and agree to the above terms and conditions.

Previous

Submit

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Log Off



Claim submission successful!

The estimated payment time is 1.87 days or less.

NOTE: You are required to retain original copies of your receipts for one year.

[View Claims](#)

This screen will also display the approximate estimated time it will be to have the claim paid.

You will need to click "View Claims" in order to change screen.



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View Claims

Reversals, Receipts Required and Claims

View Claims

Home

View Claims

Last 30 Days

Last 30 Days

Receipts Required

Reverse Claims

November

October

September

August

July

June

Therapist

Aerochamber

MEMBER DEMO

\$50.00

\$0.00

CANCELLED

06/11/2020

30/11/2020

...

Acupuncturist

MEMBER DEMO

\$75.00

\$75.00

PAID

20/11/2020

30/11/2020

...

Foot Care By RN

Member Demo

\$100.00

\$0.00

CANCELLED

20/11/2020

20/11/2020

...

Acupuncturist

Michael Demo

\$130.00

\$130.00

PAID

13/11/2020

20/11/2020

...

Acupuncturist

Scott Demo

\$100.00

\$100.00

PAID

20/11/2020

20/11/2020

...

\$580.00

\$230.00

STATUS

SERVICE DATE

SUBMITTED DATE

ACTION

ADD RECEIPTS

04/12/2020

07/12/2020

...

CANCELLED

05/12/2020

07/12/2020

...

CANCELLED

03/12/2020

03/12/2020

...

REVERSED

20/11/2020

30/11/2020

...

CANCELLED

06/11/2020

30/11/2020

...

MEMBER DEMO

5318 • 531818DEMO

Advanced Search

Français

Privacy & Legal

Log Off

The “View Claims” tile allows you to view the claims that have been submitted.

By selecting the drop down arrow you are able to change your sort option.

This screen also provides the status of your claims.



## Activity Dashboard

Health claims, transaction volumes and expense details

  
  
  
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Activity Dashboard   Home • Activity Dashboard   MEMBER DEMO 5326 • 532604DEMO

Patient: ALL

Time Period: 01/01/2019 to 31/12/2019   Previous Calendar Year   Current Calendar Year   Custom

Benefit: ☒ Dental   ☒ Drug   ☒ Health   ☒ HSA   ☒ Select All

Search

Dashboard   Breakdown

**Claim Totals**  
SUBMITTED: \$54.70  
PAID: \$31.68  
DEDUCTIBLE: \$0.00

Submitted Amount By Benefit

● Drug

\$54.70

100.0%

Paid Amount By Benefit

\$31.68

100.0%

The "Activity Dashboard" tile provides you with a high-level overview of the claim usage and allowable amounts over the last two years.

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## Claims



Dental



Drug



Extended Health Care



Health Spending Account (HSA)



Hospital

## Special Authorization



Drug List



Drug List

This tile will provide you with the necessary claim forms required to complete your claims submission.

When submitting a claim through eProfile or Photoclaim a form is not required. A form would only be required when submitting a paper claim.

You are also provided a list of the drugs that are on the ClaimSecure Inc. system as "Special Authorization Required."



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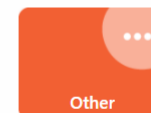
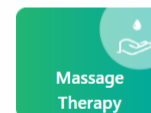
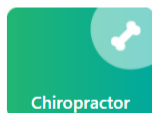


My Account

### Recent Claims

	BENEFIT	PATIENT NAME	SUBMITTED	PAID	STATUS	SERVICE DATE	SUBMITTED DATE	
	Podiatrist	MEMBER DEMO	\$50.00	\$0.00	CANCELLED	04/12/2020	07/12/2020	+
	Acupuncturist	MEMBER DEMO	\$50.00	\$0.00	CANCELLED	05/12/2020	07/12/2020	+
	Acupuncturist	MEMBER DEMO	\$50.00	\$0.00	CANCELLED	03/12/2020	03/12/2020	+
	Acupuncturist	MEMBER DEMO	\$-75.00	\$-75.00	REVERSED	20/11/2020	30/11/2020	+
	Athletic Therapist	MEMBER DEMO	\$50.00	\$0.00	CANCELLED	06/11/2020	30/11/2020	+
	Aerochamber	MEMBER DEMO	\$50.00	\$0.00	CANCELLED	06/11/2020	30/11/2020	+
	Acupuncturist	MEMBER DEMO	\$75.00	\$75.00	PAID	20/11/2020	30/11/2020	+
	Foot Care By RN	Member Demo	\$100.00	\$0.00	CANCELLED	20/11/2020	20/11/2020	+
	Acupuncturist	Michael Demo	\$130.00	\$130.00	PAID	13/11/2020	20/11/2020	+

### Claim Types



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Log Off

This screen provides you with the recently submitted claims. You can select a claim and it will display any maximums and remaining balances.

Patient

MEMBER DEMO

Category

Podiatrist

[Category Lookup](#)

Search

### Health Coverage Information

[View Claim Totals](#)

CATEGORY	SUB CATEGORY	ELIGIBLE	ECLAIM TYPE	ELIGIBLE AMOUNT
Paramedical Practitioners	Podiatrist	Yes	Real Time	100.00%
MAXIMUM			ACCUMULATED	REMAINING
Chiropracist & Podiatrist				
\$500.00 Combined	Per Individual Per Calendar Year		\$50.00	\$450.00
FREQUENCY			ACCUMULATED	REMAINING
No				

Note

Claim eligibility for payment is determined at the time your claim is processed. The amount payable is based on and not limited to your plan design, deductibles, percentage paid by your benefits, maximums, coordination of



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## Benefit Booklets



Additional Booklet



Additional Booklet



Travel Booklet



Additional Booklet



Travel Booklet



This screen provides you with any booklets ClaimSecure Inc. currently has access to.  
This is including but no limited to out of country or standard employee benefit booklets.

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Provider Search



Print this card for easy access

Print View



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DEMO

MEMBER



Group ID

005318

Certificate ID

531818DEMO



D.O.B

15/07/1971

Carrier ID:

RX



Dental BIN:

610099

Drug BIN:

610019



Health  
Family



Dental  
Family



Drug  
Family

Dependents:

Name

Date of Birth



DEMO SCOTT

31/03/1969



DEMO MICHAEL

01/12/2015



Benefits provided under the terms of your benefit plan

View your  
identification card  
information online

Travel

You MUST contact Global Excel prior to receiving any medical treatment. View Policy [here](#)

Coverage Period:

Termination Age: 70

In the event of an emergency, call:

Canada or USA: 1-877-566-8276

Collect: +819-566-8276

Find your travel  
information here  
\*If Applicable

HSA

HSA balance: \$1000.00

Balance is as of Midnight (EST). Claims processed today will be reflected on the next business day.

Check your HSSA  
Balance \*If Applicable

Wellness Account

Wellness balance: \$1000.00

Balance is as of Midnight (EST). Claims processed today will be reflected on the next business day.

Check your Wellness  
Balance \*If Applicable

For member service inquiries please call 1-888-513-4464 Hours of Operation 7am to 11pm EST, Monday through Friday from 7am to 11pm EST, Monday through Friday.

By using this card, I: (i) certify that the benefits being claimed under the benefit plan ("Benefit Plan") were for myself or my eligible dependent (the "Claimant"); (ii) confirm that I have read and agree to the terms of ClaimSecure's Privacy Policy available at [www.claimsecure.com/privacy](http://www.claimsecure.com/privacy); and (iii) agree that ClaimSecure may collect and use the Claimant's personal information to administer the Benefit Plan, including to report details of fraudulent claims to the organization on behalf of whom ClaimSecure is administering the Benefit Plan (ex. plan sponsor/employer), and as otherwise described in ClaimSecure's Privacy Policy.



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Unrecognized Provider

Enter Postal Code or Provider Address...



Unable to find your provider?

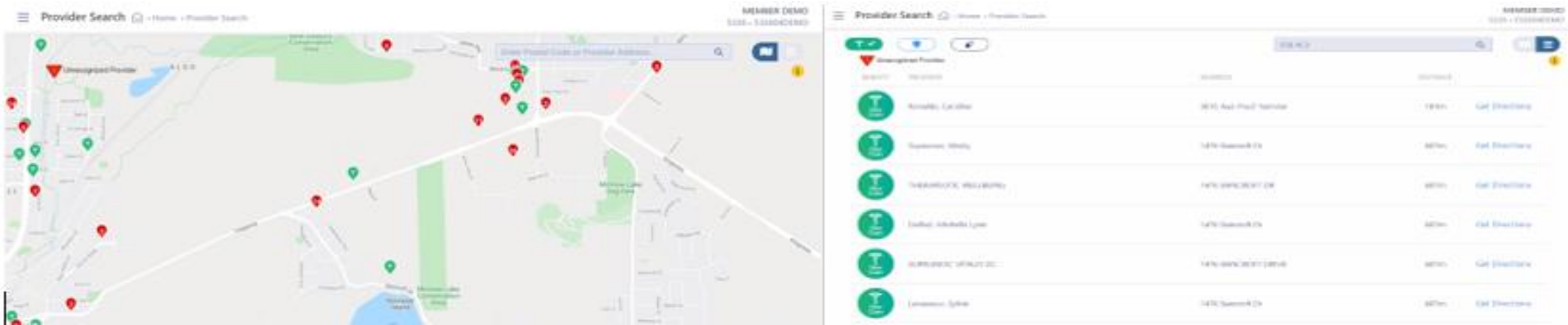
**CONTINUE**

North Atlantic Ocean

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Enter the postal code, or provider address.

You can choose to have the option listed in map format or listed individually.





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## Attention Required

No Attention Required

## Messages

	SUBJECT	DETAILS	POSTED DATE	ACTION
	eBulletin		24/11/2020	***
	New Message	Save \$5 at Rexall	27/10/2020	***
	New Coupon		27/10/2020	***
	New Message	Terms of Use	16/10/2020	***
	eBulletin		16/10/2020	***
	New Message	Get your flu shot. Book your flu shot appointment at rexall.ca	07/10/2020	***
	New Message	Save \$5 at Rexall	27/08/2020	***
	New Coupon		27/08/2020	***
	New Coupon		10/07/2020	***
	eBulletin		10/07/2020	***

Any messages you have available to you will display online, and you will be alerted of any new messages.

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Personal Information

Direct Deposit

Wellness Profile

Two-Factor Authentication

Change Password

Security Question

LanguageEnglish

Preferences

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Privacy & Legal

Personal Information

Client Profile

Group ID005318

Certificate ID531818DEMO

Group NameDEMO ACCOUNT - ASSUMPTION

Division Class001 - 001

My Profile

First NameMEMBER

Last NameDEMO

Date of Birth15/07/1971age: 49

GenderFemale

Phone Number

Phone Extension

Mobile Number

Email Addressmichelle.chartrand@claimsecure.com

Submit

Français

Privacy & Legal

Log Off

Update a number of personal account settings including but not limited to your password, banking information, security questions, etc...



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My Account



Personal Information



Direct Deposit



Wellness Profile



Two-Factor Authentication



Change Password



Security Question



Language

English



Preferences



Alerts



FAQs



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## FAQs

### Claim Receipts

What type of attachments are allowed?



Where do I find my pictures?



What is the maximum size of a document? How do I make it smaller?



Where can I find a list of claim types that require attachments?



Where can I find my claim to attach receipts?



### General

What are the technical requirements to use the online services?



Are there tips to safeguard your security?



Why does my webpage look wrong?



Where can I find my certificate number?



Where should I send my claim for processing?



I am experiencing technical difficulties. Who should I contact for assistance?



What browsers does this site support?



What is an eCard?



What is my wellness profile?



I noticed little 'i' dotted throughout the website. What do these mean?



I noticed little 'triangle' icons dotted throughout the website? What do these mean?





Why don't the images and background colours show up when I select print view?





The FAQ section is an excellent resource to assist with any issues or questions you may have regarding using member eProfile







  
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Direct Deposit


>

Wellness Profile


>

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>

Change Password

>


Security Question

>


Language

English


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CLAIMSECURE PRIVACY NOTICE

EFFECTIVE DATE: May 20, 2020

The ClaimSecure and the ValueHealth programs (hereinafter referred to as the "ClaimSecure and ValueHealth Programs") is offered by ClaimSecure Inc. and provides health benefit plan management and administration services to clients and to benefit plan members.

At ClaimSecure Inc. ("ClaimSecure", "we" or "us") we value the trust that our customers place in us to appropriately use and protect personal information. This Privacy Notice informs visitors and regular users of the ClaimSecure eProfileTM and ValueHealth Programs offered via the claimsecure.com, valueHealth.ca and valeur-sante.ca websites (collectively referred to as the "ClaimSecure Websites") about the purposes for which ClaimSecure may collect, use, and share personal information, and how it is protected. We want you to be clear how we use personal information and the ways in which we protect this information. By using the ClaimSecure Websites, you accept the privacy practices presented in this Privacy Notice. We encourage you to read this Privacy Notice in full to understand our privacy practices before using the ClaimSecure Websites or submitting any personal information.

Scope

▼

Personal Information We Collect

▼

Tracking Technologies We Use

▼

How We Respond to "Do Not Track" Signals

▼

Recording of Telephone Calls

▼

How We Use the Personal Information Collected

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How We Share Personal Information Collected

▼

Your Choice

▼

Your Rights

▼

Retention

▼

Children's Privacy

▼

How We Protect Your Information

▼

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Log Off

Access contact information, privacy and legal statements.

CONGRATULATIONS!!!!!!!

You are now ready to process claims.