

How to submit a claim online

How to submit a health or dental claim: University of Waterloo WUSA/GSA



Important notice

You have 2 separate Student Health Portal accounts for your:

Health claims: you need to log in with your UWH member ID
 Dental claims: you need to log in with your UWD member ID

You must submit **health** claims under your **health** account and **dental** claims under your **dental** account. If you submit under the wrong account, your claim will be declined, and you will have to resubmit under the correct account.

Step 1

Get started

• Click the green 'Submit a claim' button from the home screen.

	f Home	Sour Claims	Your Health Benefits	
Home > Dashboard				
Hello, Jesse!				View Personalized Claim Forms
Your Recent Claims				View My Claims Submit a claim

Securian Canada is the brand name used by Canadian Premier Life Insurance Company and Canadian Premier General Insurance Company to do business in Canada. Policies are underwritten by Canadian Premier Life Insurance Company.



Choose the type of claim

• Use the search bar, or the drop-down menu, to choose a claim type.

If you're submitting a drug claim, skip to the **'how to submit a drug claim'** section on page 7.

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Reminder!

You must submit **health** claims under your **health** account and **dental** claims under your **dental** account. If you submit under the wrong account, your claim will be declined, and you will have to resubmit under the correct account.

Here v	e go	
What is t	is claim for?	
QÞ	arch for a service or item (e.g. "Massage" or "Glasses")	
a Ad	upuncture	
+ 44	rochamber	
+ A	ohol swabs	
sjk Ar	ibulance	
6* Ar	ibulatory Blood Pressure Test	



If you cannot find an exact match for the type of claim, type 'Other' and more options will appear.

Step 3

Find your health care provider

Tip!

If you've been to this health care provider before:

- If you previously visited a health care provider for the same type of service, their information will be displayed under 'Recent health providers'.
- If this service was completed by the same provider displayed, select the provider and click 'Next Step'.

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- If the provider is not listed, you will need to add them.
- Select 'Add a New Provider.'

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What is this claim for?			
Q Massage	x		
 Look up your health provi 	der by name or phone number: **If sea	rching for a business you must use phone number **	
Phone number	Massage 123	Last name	Search
		-0	
		TTTT I	
		Your search returned 0 results.	

• Enter the provider details and then click on the 'Confirm Entry' button.

Last name:	First name:	License no.:
Phone number:	Associatio	pn/College:
	Select a	College or Association
Street address:		City:
e.g. 101 Dalmatians Street		
Province:		Postal code:
Select a province	•	e.g. M4B 1B3
Select a province	*	e.g. M4B 1B3
formation above, and select "Co cordingly. Please do not submit	nfirm Entry". The provider any other claims for this p	s credentials will be verified, and this claim will be processed rovider until they have been verified and registered with us.
Cancel E	ntry	Confirm Entry

• Select the provider you added and click 'Next Step'.

MITH set St o, ON G2
est St o, ON G2
407-1234

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Add your claim details

• Select who the claim is for, from the drop down 'Who is this claim for?'

 Claim Details 	
Your health provider:	
A SMITH	
101 Test St	
Toronto, ON M4B 1G2	
(416) 407-1234	
Who is this claim for?	
Lesse Zhou	

• Answer all questions related to the claim.

Reminder!

You must submit **health** claims under your **health** account and **dental** claims under your **dental** account. If you submit under the wrong account, your claim will be declined, and you will have to resubmit under the correct account.

🛛 Ple	ase select and answer questions below		,	~
ls Jes	se covered under another benefits plan?	Y	N	
Is this provis	s claim related to a motor vehicle accident or an open case with the Workers' Compensation Plan in your nce?	Y	N	
Do yo	bu have a prescription for this claim?	Y	Ν	

- Provide details regarding the claim.
- If there are additional claims to enter from the same provider, click the link to 'Add additional treatment.'
- Once all claim details have been entered, click the 'Next Step' button.

Treatment Type :			
Massage Therapy	*		
Treatment Date:			
Jun 1, 2023			
Treatment Length:			
60 minutes *			
Total Amount:			
\$100			
+ Add additional treatment			

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Confirm your claim details

- Confirm the information you entered is correct.
- Review the 'Confirm and Authorize' section and select the check box.
- Click the 'Submit' button.

Claim Details			Edit
Aember name:	Jesse Zhou		
Claim type:	Massage		
	A SMITH		
	101 Test St Toronto, ON M4B 1G2		
	(416) 407-1234		
Please verify your answers s Jesse covered under another s this claim related to a motor he Workers' Compensation Pl	r benefits plan? vehicle accident or an open case with an in your province?	No No	Edit
Please verify your answers s Jesse covered under another s this claim related to a motor he Workers' Compensation Pl Do you have a prescription for	r benefits plan? vehicle accident or an open case with an in your province? this claim?	No No	Edit
Please verify your answers s Jesse covered under another s this claim related to a motor he Workers' Compensation Pl Do you have a prescription for dore About Your Claim	r benefits plan? vehicle accident or an open case with an in your province? this claim?	No No	Edit
Please verify your answers s Jesse covered under another s this claim related to a motor he Workers' Compensation Pl Do you have a prescription for dore About Your Claim Service 1	r benefits plan? vehicle accident or an open case with an in your province? this claim?	No No	<u>Edit</u> Edit
Please verify your answers s Jesse covered under another s this claim related to a motor he Workers' Compensation Pl Do you have a prescription for dore About Your Claim Gervice 1 Ireatment Type :	r benefits plan? vehicle accident or an open case with an in your province? this claim?	No No Massage Therapy	Edit Edit
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Confirm and Authorize

I confirm that all of the information above is accurate and ready to be submitted to Securian Canada.

I understand that submitting a fraudulent claim is a criminal act, and will result in the notification of my employer, the suspension of my benefits, and an escalation to the appropriate legal and/or law enforcement agency.

If selected for audit, I authorize the exchange of information between Securian Canada and other parties, including but not limited to health practitioners, medical device providers and insurers, as required, and only when the information is needed to administer benefit claims and/or confirm the accuracy of the claim(s) information submitted on behalf of myself, my spouse and/or my dependents.

< Previous Step

Submit -

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How to submit a drug claim Step 1 Get started • Type 'Drug' into the search bar. • Click 'Next Step'. # Home > Submit a Claim Here we go... What is this claim for? Q Drug x Step 2 **Claims details**

- Select who the claim is for, from the drop down 'Who is this claim for?'
- Answer the questions.
- Upload your receipts or documents.
- Add any additional information.
- Click 'Next Step'.

Who is this claim for?	
👱 Jesse Zhou 👻	
Please select and answer questions below	
is Jesse covered under another benefits plan?	YN
Is this claim related to a motor vehicle accident or an open case with the Workers' Compensation Plan in your province?	YN
Attach Receipts or Documents	
Attach Receipts or Documents Upload Receipts or Supporting Documents (up to 24 M8 per file):	,
Attach Receipts or Documents Upload Receipts or Supporting Documents (up to 24 MB per file): Upload Additional Information: Add anything else you'd like us to know here.	
Attach Receipts or Documents Upload Receipts or Supporting Documents (up to 24 MB per file):	

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Confirm claim details

- Confirm the information you entered is correct.
- Review the 'Confirm and Authorize' section and select the check box.

•

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• Click the 'Submit' button.

Claim Details			Edit
Member name:	Jesse Zhou		
Claim type:	Drug		
Please verify your answers			Edit
Is Jesse covered under another b	enefits plan?	No	
Is this claim related to a motor ve Compensation Plan in your provi	hicle accident or an open case with the Wor ace?	kers' No	
Document upload			Edit
Upload Receipts or Supporting D	ocuments (up to 24 MB per file):	Drug Receipt.PNG	
Additional Information:			

If selected for audit, I authorize the exchange of information between Securian Canada and other parties, including but not limited to health practitioners, medical device providers and insurers, as required, and only when the information is needed to administer benefit claims and/or confirm the accuracy of the claim(s) information submitted on behalf of myseif, my spouse and/or my dependents.

C Previous Step

