

# Provider Portal

Therapists & Health Practitioners – Quick Reference Card



## THE FUNDAMENTALS

**Patient Identification**

\*Program: Saskatchewan Blue Cross

\*Policy: [Search]

\*Identification Number: [Search]

[Search]

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**Patient Information**

Patient: JOHN DOE - 17 Jun 1980

Policy: [Search]

Identification Number: [Search]

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**Provider Information**

Name: MASSAGE TEST

Address: 516 2ND AVE N  
SASKATOON, SK  
S7K2C5

Phone: (306) [Search]

Email: [Search]@[Search].ca

**Claim Submission**

**Coordination of Benefits**

\*Does the patient have other Health Coverage?:  Yes  No

**Claim Related to an Accident?**

\*Is this claim a result of an accident where a third party is involved?:  Yes  No

\*If 'Yes', has it been reported to Blue Cross?:  Yes  No

**Worker's Compensation Board**

\*Is this claim eligible through the Worker's Compensation Board?:  Yes  No

**Referral Information**

\*Prescribed by a Physician:  Yes  No

Name of the Physician: [Search]

Date of Referral: [Search]

**Services**

Service Date	Service Description	Amount	Revise
19/08/2016	Select a service...		<input checked="" type="checkbox"/>
19/08/2016	Select a service...		<input checked="" type="checkbox"/>
19/08/2016	Select a service...		<input checked="" type="checkbox"/>
19/08/2016	Select a service...		<input checked="" type="checkbox"/>
19/08/2016	Select a service...		<input checked="" type="checkbox"/>

Add more services >>>

[Cancel Claim] [Next Step]

### To transmit a claim:

- > In the **Patient Identification** box, enter the Policy and Identification numbers **exactly** as they appear on the member Identification Card.
- > In the **Patient Information** box, verify the appropriate patient is selected from available drop-down list.
- > In the **Claim Submission** box, enter your claim details to pre-determine the benefits. Be sure to **submit** your claim to finalize the result. This is an important step, regardless of the pre-determination results.
- > You have the option to print a copy of the **Claim Payment Result** if required for your records, or for a member who requires an official receipt for coordination of benefits purposes.

**\*\* Claims must be submitted within 35 days from the date of service \*\***

### Claims not accepted:

- > Clients with Saskatchewan Blue Cross as their secondary carrier.
  - > Claims for Blue Cross plans not provided this functionality.
- \*\* Clients covered by multiple Blue Cross plans, may claim electronically under their primary plan only \*\***

## PROVIDER PROFILES

Use the **Provider Information** box to guarantee claims are submitted under the correct Provider ID (each provider will have their own ID).

Use the **Update Profile** option located near the top right corner of your screen to update name, location, billing details, and/or contact information.

## PROVIDER PAYMENTS

**Payments** to the provider are made every second week for the amount due for all claims received by Blue Cross during the submission period.

Payments will be accompanied by a detailed claims summary.

## ASSISTANCE

For assistance with your electronic submissions, or to request a reversal/adjustment to a previously submitted claim, please contact our Customer Service team:

**1.800.667.6853**

### Hours of Portal Operation:

Monday to Saturday – 6:00a.m. – 10:00p.m. | Sundays – 6:00a.m. – 6:30p.m.

### The following internet browsers are supported:

Internet Explorer (versions 8 or later) | Firefox (latest version) | Google Chrome (latest version)