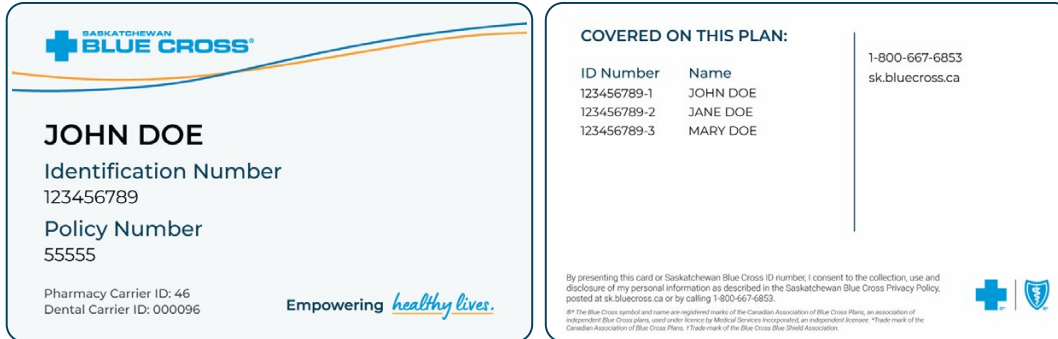


### ELECTRONIC CLAIM SUBMISSIONS – THE FUNDAMENTALS



#### To submit a transaction:

- In the **Primary Policy/Plan Number** field, enter the 5 digit policy number as it appears on the member identification card (e.g., 55555).
- In the **Subscriber Identification Number** field, enter the 1 – 10 digit identification number as it appears on the member identification card, not including the hyphen and plan participant code (e.g., 123456789).
- In the **Primary Dependent Code** field, enter the 1 – 2 digit plan participant code separated by a hyphen and following the subscriber identification number (e.g., 1).

#### Accepted transactions:

- Claims
- COB claim acknowledgments and EOBs
- Claim reversals
- Pre-determination acknowledgments and EOBs
- Requests for outstanding transactions

For a complete list of transactions supported by Saskatchewan Blue Cross, please visit the [CDAnet Carrier List page](#).

#### PROVIDER PROFILE

Please contact the Canadian Dental Association (CDA) to update your provider name, location, billing details and/or contact information.

CDA will notify us directly of these changes.

#### PAYMENTS

Payments assigned to **Provider** are made weekly for the amount due from all claims received by Saskatchewan Blue Cross during the submission period when registered for Direct Deposit. Providers receiving payment by cheque are issued payment every second week.

Payments assigned to **Subscriber** are issued to the plan member the following business day.

#### ASSISTANCE

For assistance with your electronic submissions, please contact our Customer Service team: **1.800.667.6853**