


ELECTRONIC CLAIM SUBMISSIONS – THE FUNDAMENTALS



JOHN DOE
Identification Number
123456789
Policy Number
55555

Pharmacy Carrier ID: 46
Dental Carrier ID: 000096

Empowering *healthy lives.*


COVERED ON THIS PLAN:

ID Number	Name
123456789-1	JOHN DOE
123456789-2	JANE DOE
123456789-3	MARY DOE

1-800-667-6853
sk.bluecross.ca

By presenting this card or Saskatchewan Blue Cross ID number, I consent to the collection, use and disclosure of my personal information as described in the Saskatchewan Blue Cross Privacy Policy, posted at sk.bluecross.ca or by calling 1-800-667-6853.

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To submit a transaction:

- In the **Group Number/Code** field, enter the 5 digit policy number as it appears on the member identification card (e.g., 55555).
- In the **Client ID Number/Code** 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 **Patient 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 claims
- Claim reversals
- Requests for totals and detail records

PROVIDER PROFILE

Please contact our Provider Support team to update your pharmacy name, location, billing details, contact information and/or ownership.

Details can be sent to **providerrelations@sk.bluecross.ca** or by calling our Customer Service team at **1.800.667.6853**.

PAYMENTS

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

ASSISTANCE

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