



I'm not robot



I am not robot!

(You can fill the form electronically or complete it by hand.) Print and mail the form to your local Blue Cross and Blue Shield company by the end of the year following the year you received service. RCMP members — must submit a form available through your detachment Cross. TIPS FOR PREPARING YOUR CLAIM Your policy and identification numbers are on your Pacific Blue Cross ID card All claims must be submitted with original, paid-in-full receipts which show: Claimant's first and last name Description of item(s) purchased or service(s) rendered • How to claim online. Complete the form following the instructions on the back. CARESnet and BLUEnet are owned by the Canadian Association of Blue Cross Plans and used under license to Pacific Blue Cross. No more mailing claim forms and waiting for the cheque in the mail You can also call for more information, claim forms and customer service assistance. Any other modification is strictly prohibited/ CUPE Extended Health Care Standard Claim Form Mailing Address download an Emergency Out of Province Claim Form. You need to provide your member information, expense information, and member consent and duration If the claim indicates the out-of-country physician or hospital has not been paid, payment will be made directly to the out-of-country physician or hospital. STANDARD HEALTH CLAIM FORM. Online claiming is the fastest and easiest way to make a claim because you will be able to see right away if your claim has been approved and payment will usually be deposited into your bank account within hours. Only Pacific Blue Cross/BC Life can change the information in this document. The claim form provides detailed instructions for submission of the form and should be mailed to: Service Benefit Plan Retail Pharmacy Program, P.O. Box, Phoenix, AZ Download and fill out this form to submit your claims for extended health care benefits. Find your local company's address If the claim is for a small amount or if the out-of-country hospital or physician will not accept payment in Canadian currency, payment will be sent to the beneficiary and the beneficiary Download the dental claim form: English. Mail: PO Box, Vancouver, BC V6B 4E1 Drop it off Canada Way, Burnaby, BC submit a claim for all Download and fill out this form to submit your claims for extended health care benefits. You need to provide your member information, expense information, and member consent HEALTH CLAIM FORM Mail: PO Box, Vancouver, BC V6B 4E1 Drop it off Canada way, Burnaby, BC I Use this form to submit a claim for all HEALTH CLAIM FORM Mail: PO Box, Vancouver, BC V6B 4E1 Drop it off Canada Way, Burnaby, BC I Use this form to submit a claim for all PACIFIC BLUE DO NOT WRITE IN THIS SPACE DENTAL CLAIM FORM Mail: PO Box, Vancouver, BC V6B 4E1 Drop it off Canada Way, Burnaby, BC I DENTAL CLAIM FORM. Mail: PO Box, Vancouver, BC V6B 4E1 Drop it off Canada Way, Burnaby, BC Please enclose all supporting Option Online (health claims only) Register for your Member Profile online and claim through the Pacific Blue Cross site. Use your digit Student ID number to register Pacific Blue Cross FNHA Client Health Claim Pre-Determination Form Health care providers looking for claim forms for Veterans Affairs Canada (VAC), Royal Canadian Mounted Police (RCMP) or Canadian Forces (CF) members can contact our Federal Administered Programs Department by calling toll free.