



SECTION 1 - PLAN MEMBER INFORMATION

Form with fields: PLAN MEMBER ID, EMAIL ADDRESS, SURNAME, FIRST NAME, PHONE NUMBER, ADDRESS, COMPANY NAME, CITY, PROVINCE, POSTAL CODE

SECTION 2 - MANDATORY DECLARATION

Form with questions: Do you have any other group insurance coverage... Do you want to coordinate this claim... Is treatment due to a motor vehicle accident... Is treatment required due to a work related injury...

SECTION 3 - CLAIM DETAILS

Table with 7 columns: PATIENT'S NAME, DEP NO., DATE OF BIRTH, PROFESSIONAL/SUPPLIER'S NAME, DATE OF CLAIM, TYPE OF EXPENSE, TOTAL AMOUNT CHARGED PER VISIT/ITEM

FOR PRESCRIPTION DRUG CLAIMS ONLY:

Text block: TO FACILITATE CLAIMS PROCESSING: Please note: Cash register receipts, credit card receipts and/or debit slips alone are insufficient. Official pharmacy receipts are required.

SECTION 4 - AUTHORIZATION

Form with fields: SIGNATURE OF PLAN MEMBER, DATE. Text: By signing this claim form and/or submitting actual receipts, I agree that the information provided on this form is complete and accurate.

SECTION 5 - MAILING INSTRUCTIONS (See reverse for claim submission instructions)

Text: ALL CLAIMS MUST BE RECEIVED WITHIN 12 MONTHS OF THE DATE OF SERVICE... PROFESSIONAL SERVICES, MEDICAL ITEMS, VISION & ACCOMMODATION, DRUG, OTHER CLAIMS

RBC Life CLAIM SUBMISSION INSTRUCTIONS

**Please call our Customer Service Centre at 1-855-264-2174 if you require any assistance in completing this form.
Please ensure that you always provide your Plan Member ID in full, including suffix (ie. 00, 01, etc.)**

FOR BENEFIT TYPE (where applicable):	ALWAYS ENCLOSE THE FOLLOWING ITEMS WITH THE ABOVE CLAIM FORM:
Audio (Hearing Aids)	Itemized receipts showing <ul style="list-style-type: none"> • patient name • services & dates • audiologist name & address • breakdown of charges (i.e. Acquisition cost, fee, mold)
Prescription Drugs	All itemized prescription drug receipts from your pharmacist. Please note cash register receipts, credit card receipts and/or debit slips alone are insufficient. Official pharmacy receipts are required. Please contact your pharmacy for a duplicate copy.
Professional Services (physiotherapy, chiropractor, massage therapy, etc.)	Itemized receipts showing <ul style="list-style-type: none"> • patient name • individual date & nature of treatment • charge for each service Some professional services may require a medical referral/physician prescription.
Durable Medical Equipment (including prosthetics)	Itemized receipts showing <ul style="list-style-type: none"> • patient name • a detailed description of the equipment • name & address of supplier • date & charge for each service Some medical equipment may require a medical referral/physician prescription and/or prior authorization.
Custom Foot Orthotics	Itemized receipts showing <ul style="list-style-type: none"> • patient name • name and address of supplier • charge for service • casting technique • date orthotics were received A prescription with diagnosis as well as Biomechanical Exam or Gait Analysis and a copy of the lab invoice is required. Above items are required unless otherwise specified by your plan sponsor.
Hospital Accommodation	Itemized receipts showing <ul style="list-style-type: none"> • patient name • number of days in semi-private/private accommodation • rate charged per day • admission & discharge dates
Vision Care	Itemized receipts showing <ul style="list-style-type: none"> • patient name • copy of vision prescription • a breakdown of charges for lenses & frames • date eyewear received or paid in full
Extended Health - General	Itemized receipts showing <ul style="list-style-type: none"> • patient name • a detailed description of services or supplies • provider's name & address • date & charge for each service Certain types of service or supplies may require a medical referral/physician prescription and/or prior authorization.
Out of Province/Country	Call Customer Service at 1-855-264-2174 for detailed claims submission instructions.
Private Duty Nursing	Call Customer Service at 1-855-264-2174 for detailed claims submission instructions. Pre-approval is required for all nursing claims - call Customer Service for details.