

SELF-BILLED

Remittance Guide



SELF-BILLED REMITTANCE GUIDE

To help support our self-billed clients, we have put together a simple process to help ensure you are able to manage payment for your plan member coverage quickly and conveniently.

For most clients and partners, the self-billing form available at

<https://docs.medaviebc.ca/groupadmin/Self-Remittance-Template-EN.xlsx>









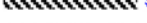



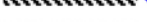




is your most effective tool for submitting your billing information.

In certain cases, partners may need to use a modified version of the form. For modification of the form, please review with your Medavie Blue Cross Representative.

USING THE FORM

Text in blue:  Fill in where applicable

Areas in grey:  Will auto-populate

MEDAVIE BLUE CROSS™							Total Sales Tax	Grand Total
Head Office Location: Nova Scotia							\$ -	\$ -
Policy No: 12345-000							\$ -	\$ -
Coverage Month: Jan-2017							\$ -	\$ -
Please Remit to BC_Remittance@medavie.bluecross.ca							\$ -	\$ -
Benefits	No. of Lives	Volume of Insurance	Premiums	Prior Adjustments	Total Premiums	Sales Tax Ontario	\$ -	\$ -
Basic Life	0	0 \$	- \$	- \$	- \$	- \$	\$ -	\$ -
Dependent Life	0		- \$	- \$	- \$	- \$	\$ -	\$ -
Member AD&D	0	0 \$	- \$	- \$	- \$	- \$	\$ -	\$ -
Weekly Income	0	0 \$	- \$	- \$	- \$	- \$	\$ -	\$ -
Long Term Disability	0	0 \$	- \$	- \$	- \$	- \$	\$ -	\$ -
Survivor Income	0	0 \$	- \$	- \$	- \$	- \$	\$ -	\$ -
Optional Member Life	0	0 \$	- \$	- \$	- \$	- \$	\$ -	\$ -
Optional Spousal Life	0	0 \$	- \$	- \$	- \$	- \$	\$ -	\$ -
Optional Child Life	0	0 \$	- \$	- \$	- \$	- \$	\$ -	\$ -
Optional Member AD&D	0	0 \$	- \$	- \$	- \$	- \$	\$ -	\$ -
Optional Spousal AD&D	0	0 \$	- \$	- \$	- \$	- \$	\$ -	\$ -
Optional Child AD&D	0	0 \$	- \$	- \$	- \$	- \$	\$ -	\$ -
Supplemental Life	0	0 \$	- \$	- \$	- \$	- \$	\$ -	\$ -
Optional Member Critical Illness	0	0 \$	- \$	- \$	- \$	- \$	\$ -	\$ -
Optional Spousal Critical Illness	0	0 \$	- \$	- \$	- \$	- \$	\$ -	\$ -
Optional Child Critical Illness	0	0 \$	- \$	- \$	- \$	- \$	\$ -	\$ -
Health Care Single	0		- \$	- \$	- \$	- \$	\$ -	\$ -
Health Care Couple	0		- \$	- \$	- \$	- \$	\$ -	\$ -
Health Care Single Parent	0		- \$	- \$	- \$	- \$	\$ -	\$ -
Health Care Family	0		- \$	- \$	- \$	- \$	\$ -	\$ -
Travel Single	0		- \$	- \$	- \$	- \$	\$ -	\$ -
Travel Couple	0		- \$	- \$	- \$	- \$	\$ -	\$ -
Travel Single Parent	0		- \$	- \$	- \$	- \$	\$ -	\$ -
Travel Family	0		- \$	- \$	- \$	- \$	\$ -	\$ -
Dental Single	0		- \$	- \$	- \$	- \$	\$ -	\$ -
Dental Couple	0		- \$	- \$	- \$	- \$	\$ -	\$ -
Dental Single Parent	0		- \$	- \$	- \$	- \$	\$ -	\$ -
Dental Family	0		- \$	- \$	- \$	- \$	\$ -	\$ -
Employee Family Assistance Program	0		- \$	- \$	- \$		\$ -	\$ -
Second Opinion	0		- \$	- \$	- \$	- \$	\$ -	\$ -
Group Assured Access	0		- \$	- \$	- \$	- \$	\$ -	\$ -
0							0 \$	- \$

SUBMITTING

Remittances for Self-Billed clients are due on the first day of the month following the coverage month. For example, if the coverage month is December, the payment and form are due January 1.

- All payments must be accompanied by a completed self-billing form that details amounts remitted by benefit, including volumes (where applicable), plus applicable taxes.
- Please include a form for each Self-Billed billing entity by policy, or by policy and division
- The total as presented on the form must match the total payment amount.
- Please submit the form electronically to BC_Remittance@medavie.bluecross.ca.
- Be sure to complete the Client Contact Information section on the form so Receivables Management can provide direct support.

PAYMENT

Payment can be made by:

1. Direct Deposit

Bank Name: Bank of Montreal

Bank Address: Main Street, Moncton

Bank #: 001

Bank Transit #: 00354

Account #:1032-266

2. Internet Transfer

In your online banking application, set up “Medavie Blue Cross Group” as a Payee. In the Account number field, enter your Medavie Blue Cross MX number.

3. Cheque by mail to:

Medavie Blue Cross

644 Main Street, PO Box 220

Moncton, NB

E1C 8L3

Please advise us of how your payment was sent when you send us your completed form to:

BC_Remittance@medavie.bluecross.ca

CONTACT US

For questions or comments, email us at BC_Receivables_Management@medavie.bluecross.ca with “Self Billed” and the Policy number in the subject line. We will respond as quickly as possible.

FREQUENTLY ASKED QUESTIONS

a. What happens when a completed form is not provided/complete?

We require the complete form to process your payment. If it is not received, your Medavie Blue Cross representative will contact you to request the completed form.

b. What happens when a payment is missed?

All Self-Billed clients are tracked as part of our Outstanding Revenue compilation and analysis. If a client fails to remit a payment for two months, Receivables Management will contact that client to request payment. In cases where there is a financial challenge in sending required payments, Receivables Management will work with the client to establish a payment arrangement with the goal of getting the client’s payment cycle back on track. Payment arrangements are at the discretion of Receivables Management.

c. Can I send the form in a different format?

In order to process your form, it must be provided as an Excel document.

d. Why do we require this information and what are the impacts of a client not providing the materials?

We require this information in order to properly record payment information for each client in our systems. Without this completed form we cannot properly process your account. This information is also leveraged by various departments in order to support client reporting and the renewal process.