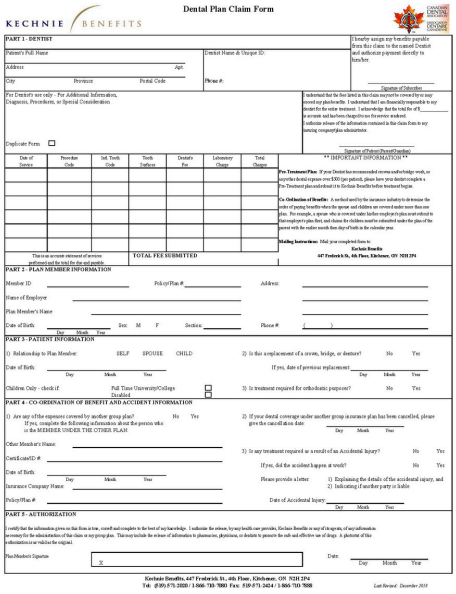
How to Coordinate Your Group Benefit Claims with another Plan for Reimbursement

Step 1: Submit your Expense(s) to your own Group Benefits Plan

- Gather your Provider Receipt/Invoice for the claim you want to have reimbursed (EG. Pharmacy Drug Receipt, Standard Dental Claim Form, full Invoice from the Provider of said medical device/procedure. Note: A cashier receipt alone is not acceptable, whether purchased in store or online)
- Make sure the Receipt clearly states:
  - The name of the person receiving the service/device
  - The date of the Service/Item being provided
  - The name of the Provider including Contact Information and Provider's License /Registration# /Credentials.
  - Description of the service(s) rendered
  - Full cost of the item(s) including any additional fees and/or taxes paid
  - For Dental Claims, a Standard Dental Claim form** is required demonstrating all Tooth codes, patient details etc.
  - Note: Tips for services rendered are not an eligible expense, even if included on the receipt; coupons used are not reimbursable.



Dental Plan Claim Form

KECHNIE BENEFITS

PART 1 - DENTIST

Patient's Full Name | Dentist Name & Unique ID:

Address | Apt.

City | Province | Postal Code | Phone #:

Signature of Subscriber

For Dentist's use only - For Additional Information, Diagnosis, Procedures, or Special Considerations

I understand that the fees listed in this claim may not be covered by or may exceed my plan benefits. I understand that I am financially responsible to my dentist for the entire treatment. I acknowledge that the total fee of $ is my current and best-time charge for services rendered.
I authorize release of the information contained in this claim form to my group/employer/plan administrator.

Duplicate Form ☐

Signature of Patient/Parent/Guardian

Date of Service	Procedure Code	Tooth Code	Tooth Surface	Dentist's Fee	Laboratory Charge	Total Charges

This is an account statement of services performed and the total fee due and payable.

TOTAL FEE SUBMITTED

** IMPORTANT INFORMATION **

Pre-Treatment Plan: If your Dentist has recommended crowns and/or bridge work, or any other dental expense over $300 (per patient), please have your dentist complete a Pre-Treatment plan and submit it to Kechnie Benefits before treatment begins.

Co-Ordination of Benefits: A method used by the insurance industry to determine the order of paying benefits when the spouse and children are covered under more than one plan. For example, a spouse who is covered under his/her employer's plan is not entitled to that employer's plan first, and claims for children must be submitted under the plan of the parent with the earlier month-first-day-of-birth in the calendar year.

Mailing Instructions: Mail your completed claim to:
Kechnie Benefits
447 Frederick St, 4th Floor, Kitchener, ON N2H 2P4

PART 2 - PLAN MEMBER INFORMATION

Member ID | Policy#/Plan #: | Address:

Name of Employer:

Plan Member's Name:

Date of Birth: Day Month Year | Sex: M F | Section: | Phone #: ( )

PART 3 - PATIENT INFORMATION

1) Relationship to Plan Member: SELF SPOUSE CHILD | 2) Is this a replacement of a crown, bridge, or denture? No Yes

Date of Birth: Day Month Year | If yes, date of previous replacement: Day Month Year

Children Only - check if: Full Time University/College Student ☐ | 3) Is treatment required for orthodontic purposes? No Yes

PART 4 - CO-ORDINATION OF BENEFIT AND ACCIDENT INFORMATION

1) Are any of the expenses covered by another group plan? No Yes
If yes, complete the following information about the person who is the MEMBER UNDER THE OTHER PLAN

2) If your dental coverage under another group insurance plan has been cancelled, please give the cancellation date: Day Month Year

Other Member's Name:

Card/Local ID #:

Date of Birth: Day Month Year

Insurance Company Name:

Policy/Plan #:

3) Is any treatment required as a result of an Accidental Injury? No Yes

If yes, did the accident happen at work? No Yes

Please provide a letter: 1) Explaining the details of the accidental injury, and 2) Indicating if another party is liable

Date of Accidental Injury: Day Month Year

PART 5 - AUTHORIZATION

I certify that the information given in this form is true, correct and complete to the best of my knowledge. I authorize the release, by any health care provider, Kechnie Benefits or any of its agents, of any information necessary for the administration of this claim or any group plan. This may include the release of information to pharmacies, physicians, or dentists to promote the safe and effective use of drugs. A photostat of this authorization is as valid as the original.

Plan Member's Signature: X | Date: Day Month Year

Kechnie Benefits, 447 Frederick St., 4th Floor, Kitchener, ON N2H 2P4
Tel: (519) 571-2020 / 1-866-710-7080 Fax: 519-571-2424 / 1-866-710-7888

Last Revised: December 2015

** Sample: Standard Dental Claim Form

- Submit your claim to your primary provider first, meaning if the claim is for yourself and your personal benefits coverage is with Kechnie Benefits, submit the original claim via the Kechnie Mobile Claims App, or by email claim to: **Claims@Kechnie.com**, or mail/fax directly to our office.
- Once the claim has been processed, you will receive notification and will be able to access your Explanation of Benefits (EOB) from the benefits provider (EG. Kechnie Mobile Claims App includes a EOB for all processed claims). The EOB will will indicate how much of the claim was eligible to be paid, or the reason for decline if applicable.

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Step 2: Submit Paid Claims to the Spousal/Alternative Provider to Coordinate Benefits

- Again, gather your Provider Receipt/Invoice for the claim you want to have the balance reimbursed; AND the Explanation of Benefits (EOB) that was provided when the original claim was processed.
- Submit both the Original Receipt and the Explanation of Benefits to the other insurance provider
- The secondary provider will process the claim and reimburse the eligible amount thereafter.

PLEASE NOTE:

- It is higly recommended that you keep a copy of the original provider receipt for a minimum of 12 months from the service date, for potential future reference.
- All Claims submitted are processed in the order in which they are received.
- In the event that claim documentation or details are missing resulting in a Decline in payment, the EOB will advise the reason for the Decline. In order to be reconsidered, Claims must be resubmitted as a NEW claim in full with ALL documents/details in order to be re-processed.
- When coordinating benefits for a Spousal expense, IF the Spouse has their own Group Benefits coverage through their own employer or outside source, the claim must be submitted to their provider FIRST. Thereafter, the original receipt and EOB may be submitted to your own plan second for consideration and payment of the eligible balance.
- When coordinating benefits of Dependent Children, the general industry standard is for the Parent born first in the calendar year to be the Primary Payor, and the parent born second in the calendar year is the Secondary Payor. EG. Mary and Jim Smith have a daughter, Tara. Mary is born in May, Jim is born in September. Their Daughter Tara's original claims would need to be submitted under Mary's plan first, and then Jim's plan second with an EOB from Mary's plan. However, there may be some differences that occur in the event that there is a marital separation agreement in place, in which case please contact Kechnie Benefits for assistance.