

Sun Life Connect eClaims User Guide

Welcome to Sun Life Connect, your free service for Sun Life eClaims.

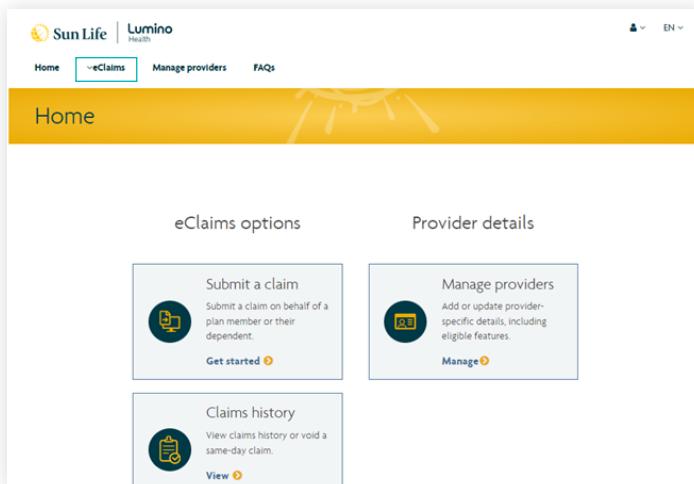
Delight your patients by submitting eClaims on their behalf. Follow this step-by-step guide to start the claims submission process.



Submitting a claim

Step 1

After logging in with your username and password, click **Submit a Claim** under **eClaims** at the top of your screen or select **Get Started** on the **eClaims** box.



Step 2

Choose the provider that performed the service.

 **Tip:** If more than one provider performed services on a single client, submit separate claims.

Choose the provider

To get started on submitting the plan member's claim, choose the provider from the list below. If you don't see the provider listed, go to **Manage providers** to add a new one.

- ppt Chiroonly
 ppt Physioonly

Cancel

Continue

Step 3

Enter all required information for the plan member, including:

- Contract/Policy number (up to 6 numeric digits)
- Member ID/Certificate number (alphanumeric)
- Choose who received the service(s):
 - Plan member
 - Dependent (spouse, children)

 **Tip:** You must enter member information (date of birth, contract # and member ID) correctly on the **Plan member** information page or you'll see an error.

Plan member information Step 1 of 3

Enter plan member information

First name Last Name
Date of birth (mm-dd-yyyy) Contract number
Member ID

Is this claim for a plan member or a dependent?
 This claim is for a plan member This claim is for a dependent

Cancel Next

Plan member information Step 1 of 3

Enter plan member information

First name Last Name
Date of birth (mm-dd-yyyy) Contract number
Member ID

Is this claim for a plan member or a dependent?
 This claim is for a plan member This claim is for a dependent

Cancel Next

Step 4

If the plan member has coverage under another benefit plan (such as their spouse's), coordination of benefits applies. Click the information (i) button for more details.

There are three potential scenarios for coordination of benefits:

- **Scenario 1:** The claim has not been submitted and processed under another plan. The other plan **is not** a Sun Life plan.
- **Scenario 2:** The claim has not been submitted and processed under another plan. The other plan **is** a Sun Life plan and the plan member wants to submit the remaining amount. Enter all of the required information for the other plan.
- **Scenario 3:** The claim has already been submitted to another plan and processed.

Continue plan member claims submission

Is the plan member covered under another benefits plan? 

Yes No

Has this claim already been submitted and processed under the other plan?

Yes No

If the other benefits plan is with Sun Life, would the plan member like to submit the remaining amount? 

Yes No

Step 5

Enter all of the required information for any dependents. Depending on the dependent's coverage situation, multiple options are available.

 **Tip:** If a dependent is covered under a plan where they are the primary member, submit claims to the primary plan first. Claims submitted to the secondary plan first will be declined.

 **Tip:** If dependent children are covered under a second plan that is not a Sun Life plan, submit claims under the member's/parent's plan whose birthday occurs earliest in the year. The parent's plan whose birthday occurs later will become the secondary plan. If you try to submit a claim to the secondary plan first, an error message will appear that prevents you from submitting the claim.

Enter other plan member's details

First name

Last Name

Contract number

Member ID

Date of birth (mm-dd-yyyy)

Cancel

Next

Step 6

Fill in details about the service location and whether the claim is related to a workplace accident.

Claim information

Enter the details below to fill out the claim.

Service location

Please choose

Was this injury caused by a workplace accident?

Yes No

Step 7

Choose the first service provided from the drop-down menu.

Enter the service date either manually or by clicking the calendar icon. This date has to be within the last 30 days.

Enter the duration in minutes or units.

Enter the cost minus any gratuity. Use a period (.) to separate dollars and cents, not a comma (,).

If there is more than one service, select **Add a new expense** and repeat as needed. You can't add expenses of the same type under a new line. You must combine them under one line. For example, enter two physiotherapy services of 60 minutes for \$60 each as one physiotherapy service of 120 minutes for \$120.

Click **Remove** to delete an expense line.

If the claim has already been submitted to another plan and processed, a fourth column will appear called **Paid by other plan**. Enter the amount paid by the other plan.

Add expense to claim

Expense type	Service date (YYYY-MM-DD)	
Massage therapy visit	2022-03-02	
Duration [mins. (eg. 60)]	Service cost	Total cost
60	\$ 80	\$80.00

Expense type	Service date (YYYY-MM-DD)	
Physiotherapy visit	2022-03-03	
Duration [mins. (eg. 60)]	Service cost	Total cost
60	\$ 100	\$100.00

Expense type	Service date (YYYY-MM-DD)	
Supplies/Remedies/Su	2022-03-04	
Unit	Cost per unit	Total cost
1	\$ 20	\$20.00

Add a new expense

Cancel Next

Step 8

If the member's plan requires a doctor's referral for any of the claimed services, the prescription information box will appear.

If no prescription is available, select **No**, and then **Next**.

If prescription information is available, select **Yes** and fill out the required information.

Prescription information

Is the plan member submitting a prescription with this claim?

Yes No

Prescription issued by:

Please choose

Prescribing practitioner

License number

Prescription issue date

Step 9

The review stage will allow you to review all the information you've entered. Take a moment to ensure all the information is accurate and correct. Click the **Edit** button to make any corrections.

A total claim amount will appear based on the sum of all services.

Terms and conditions are at the bottom of the page. By clicking **Submit**, you agree to the terms and conditions listed.

Review

Provider information

Provider name: Ian Abbott

Member information

Member name: Dotst Letmw
Date of birth: 08-22-1964
Member ID: pec01
Contract number: 25027

Expense details
Service location: In Clinic
Was this injury caused by a workplace accident?: No

Prescription details
Prescription submitted with this claim: No

Expense type: Massage therapy visit
Service date: 2022-03-02
Duration (minutes): 60
Service cost: \$80.00

Expense type: Physiotherapy visit
Service date: 2022-03-03
Duration (minutes): 60
Service cost: \$100.00

By submitting this claim, I certify that:

- I'm an authorized user and the information is true and complete.
- all services and supplies have been received by the plan member or their dependent(s), as claimed, and have been provided by qualified health-care providers in good standing with the applicable college or association.
- the plan member signed the Consent and Assignment of Benefits Form (the "Consent") and specifically agreed to:
 - the collection, use and disclosure of personal information by Sun Life, its agents and service providers with relevant persons and organizations for the purposes set out in the Consent. Such purposes include assessing, paying and auditing claims as well as investigating any suspected fraud or plan abuse;
 - the electronic submission of their claims; and
 - the assignment of benefits to the practice or independent health-care provider.
- A copy of the Consent is in the plan member's or dependent's file.
- I have asked about other coverage information from the plan member or dependent and submitted this claim net of all rebates, discounts and amounts paid under another benefit plan, according to the Canadian Life and Health Insurance Association guidelines on coordination of benefits. This claim has not been previously paid for by this or any other plan.
- the banking information for this account remains accurate.
- I will cooperate with any audits of electronic claim submissions and I understand that any false, misleading or inaccurate information could cause Sun Life to revoke access to eClaims and take any other steps necessary to recover overpayments and other losses.

Step 10

On the claim confirmation page, you'll see the status of the submitted claim.

The **Claim Control Number** is a unique number assigned to the submitted claim.

Under **Total paid to provider**, you'll need to subtract the total submitted amount from the total amount paid to the provider. Collect the difference from the plan member.

If the client requests a receipt, you can use the **Print English/French receipt** button.

Under **Insurer's notes**, you can see any messages from Sun Life to the customer or yourself related to the claim.

Special scenario: No assignment of benefits

Certain plans do not allow assignment of benefits, meaning plan members need to pay the provider directly. Sun Life will then reimburse the plan member for any covered amount.

You can still submit claims for plans with no assignment of benefits. However, the **Total paid to provider** will be \$0 and an **insurer note** will appear at the bottom stating that payment will be issued to the plan member instead.

 **Tip:** Remind your clients you have submitted the claim on their behalf, so that they don't need to. If they submit a duplicate, it will be declined.

 **Tip:** Don't forget to collect full payment from your client.

Confirmation

⚠ Success – claim has been processed.

CLAIM CONTROL NUMBER: 260122-AAA28-00 Date Submitted: January 26, 2022 | CPN: 2022012602725714

Claim for: Dotst

▲ Total paid to provider: \$156.00	Contract details: Plan member: Dotst Letmw Contract number: 25027 Member ID: pec01	Facility details: Provider name: INDEPENDENT CHIRO 01 Facility name: INDEPENDENT CHIRO CLINIC
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Print English receipt **View French receipt**

Claim details

Line	Service date	Service description	Note(s)	Submitted amount	Eligible amount	Deductible amount	Duration/Unit	Total paid
1	January 19, 2022	Massage therapy visit		\$95.00	\$95.00	\$0.00	60	\$76.00

Done

Confirmation

⚠ Success – claim has been processed.

CLAIM CONTROL NUMBER: 260122-AAA28-00 Date Submitted: January 26, 2022 | CPN: 2022012602725714

Claim for: Dotst

▲ Total paid to provider: \$156.00	Contract details: Plan member: Dotst Letmw Contract number: 25027 Member ID: pec01	Facility details: Provider name: INDEPENDENT CHIRO 01 Facility name: INDEPENDENT CHIRO CLINIC
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Print English receipt **View French receipt**

Claim details

Line	Service date	Service description	Note(s)	Submitted amount	Eligible amount	Deductible amount	Duration/Unit	Total paid
1	January 19, 2022	Massage therapy visit		\$95.00	\$95.00	\$0.00	60	\$76.00

Insurer's notes

Many expenses from your practitioner can be grouped according to the type of service provided, to ensure correct reimbursement. Due to the grouping of expenses, the number of detail lines on your Claim Statement could be fewer than the description of the actual number of services submitted for reimbursement by the practitioner. Therefore, the statement you received from your practitioner may appear to be different from your Claim Statement. The total dollar amount of the expenses claim will be the same on both statements.

Done

Seeing your claims history

You can access reporting by selecting:

Claims History from the header OR

View under the Claims History option boxes in the middle of the screen.

The screenshot shows the Sun Life eClaims interface. At the top, there's a navigation bar with links for Home, eClaims (which is highlighted in blue), Manage providers, and FAQs. Below the navigation bar, there are two yellow rectangular buttons labeled 'Claims History'. The left button has a blue icon of a person and the text 'Submit a claim'. The right button has a green icon of a person and the text 'Manage providers'.

Claims history lookup basics

Sun Life Connect retains data from the current month plus 2 months prior.

You can search by:

1. Control Number
2. Deposit ID
3. Amount Submitted
4. Date Range
5. Provider

Select **Search** to generate results.

You can sort and filter your results by the headings.

To **void** a claim, click the three dots next to check box then select **void claim** from the drop-down menu. You can only void claims same-day.

 **Tip:** Select the three dots next to any claim to print a receipt.

 **Tip:** Download several claims by selecting the boxes and choosing **Download** at the bottom of the page.

The screenshot shows the 'Claims History' search results page. At the top, there are search filters for 'Claim control #', 'Deposit ID', 'Submitted amount', 'Date range', and 'Provider/Facility'. The provider dropdown is set to 'Please choose' and the facility dropdown is set to 'PHYSIOTHERAPY CLINIC'. A 'Search' button is located to the right of the filters. Below the filters, a message says '1-1 (of 1 results)'. A table lists one claim with columns for Date processed, Provider, Facility, Claim control #, Deposit ID, Status, and Submitted amount. The claim details are: Date processed: 08/18/2021, Provider: ALICE SOBEY, Facility: PHYSIOTHERAPY CLINIC, Claim control #: 180821-AAA58-00, Deposit ID: 230000001, Status: Processed, Submitted amount: \$40.00. Below the table are buttons for 'Download', 'Previous', 'Next', and 'Reset'.



1-855-301-4786

Thanks for being a part of Lumino Health, Canada's largest health network.
We look forward to simplifying your eClaims process.