

PARAMEDICAL SERVICES: KNOW YOUR SERVICE PROVIDER

Paramedical services are a key part of group benefits for many plan members. They can include massage therapy, physiotherapy, acupuncture, speech therapy, chiropractic care etc.

Regardless of what insurance carrier you are insured with, each insurance carrier will require that the practitioner you are seeing for your paramedical services have certain qualifications in order for your claim to be considered eligible for coverage under your group benefits plan. It is a plan member's responsibility to confirm with their service provider (ie; massage therapist, chiropractor, etc.), that they meet the qualifications required by your insurance company. Claims will *not* be reimbursed to a member if the service provider does not hold the correct qualifications.

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As insurance companies start to crack down on fraudulent claims, they are becoming more stringent with claims that are submitted, particularly **massage claims**. To make claiming easier, confirm with your massage therapists that they hold a valid registration number in the province you are seeing them in.

Talking to your service provider before your appointment is a good way to determine whether your receipt will be eligible for reimbursement. If there is any doubt, feel free to contact your insurance company's claims department. They can confirm what qualification they require for a specific service.

FYI:

- Some plans will require a physician's referral for certain services, while others plans will reimburse the member without one. Refer to your booklet to see what your plan requires.
- Most plans will have a yearly maximum per practitioner. The specifics for your paramedical services can be found in your group benefits employee booklet.
- Reasonable and customary charges refer to a range of fees most practitioners typically charge for certain services or procedures. Insurance companies use these charges as the basis for pricing their benefit plans and setting their maximum payout on each claim.

HOW TO HELP AVOID DELAYS IN HAVING YOUR CLAIMS REIMBURSED

- *Confirm that your service provider is licensed/registered for the service that you are seeing them for.
- *Ensure that the service providers name, qualifications and contact information are listed on the receipt.
- *Submit ORIGINAL receipts.
- *List your policy and ID on all claims.
- *Know your plan – provide a Dr's referral when required to do so.