

Health Claims

ASSIGNMENT OF BENEFITS TO PROVIDERS

To all employees:

We are pleased that Capital District Health Authority has selected Great-West Life Assurance Company as its new group benefits provider as of June 1, 2013.

The purpose of this letter is to advise you of Great-West Life's policy regarding assignment of benefits to health care providers. In simple terms, this means that the payment for supplies or services you (or your family members) received will be made directly to the provider (e.g., optician, physiotherapy clinic). This eliminates the "out-of-pocket" expense that you would otherwise incur while waiting for a reimbursement payment from Great-West Life.

In order to assign benefits to a provider, the plan member must clearly indicate that any benefits payable for the claim are to be assigned with each claim submission. This can be in the form of a written assignment on the claim form or a personal letter you attach to the Great-West Life claim form along with any other required documentation. Other information to be provided in the letter is the provider signature and the provider number. The personal letter must be dated and signed by the employee.

There is an Assignment of Benefits Form on the reverse side of this letter which can be used.

Both the assignment and the claim form must include the plan member's original signature and clearly state the name, address, and phone number of the provider to whom benefits have been assigned. This authorizes us to pay the provider directly. The form must be signed and dated at the time the service or supply is provided. Assignment forms cannot be signed in advance. When we send payment to the provider, the plan member will receive a notice explaining our assessment.

Once the claim is received by Great-West Life, the claim is assessed based on the plan's coverage and provisions. Benefits are only payable for eligible services performed by eligible service providers. Payments to the assigned provider are made by cheque on a claim by claim basis, so providers will not experience any lengthy delay in receiving payment for their services.

For additional information on the assignment of benefits process, please contact our Group Customer Contact Centre at 1-800-957-9777.



Assignment of Benefits to Providers

Forward original claims receipts, signed claim form and assignment authorization form to:

**Great-West Life Assurance Company Ltd.
Health and Dental Benefit Payment Office
255 Dufferin Ave.
London, ON, N6A 4K1**

EMPLOYEE & CLAIMANT INFORMATION

Employee Name: _____	
Patient Name: _____	
I hereby assign my benefits payable from this claim	
to: _____	
and authorize payment directly to him/her. Great-West Life may discuss details of this claim with the assignee.	
_____	_____
Employee's Signature	Date

PROVIDER INFORMATION

Provider Name: _____	Date: _____
Address: _____	
City: _____	
Telephone Number: _____	
Total fee for the product(s) or service(s) received: \$ _____ (invoices must be attached)	
Signature of Provider: _____	Date: _____