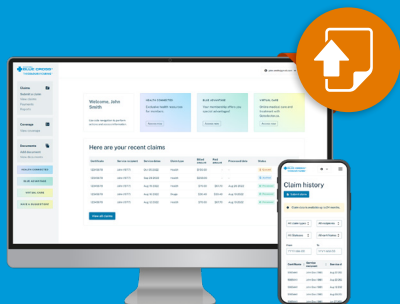
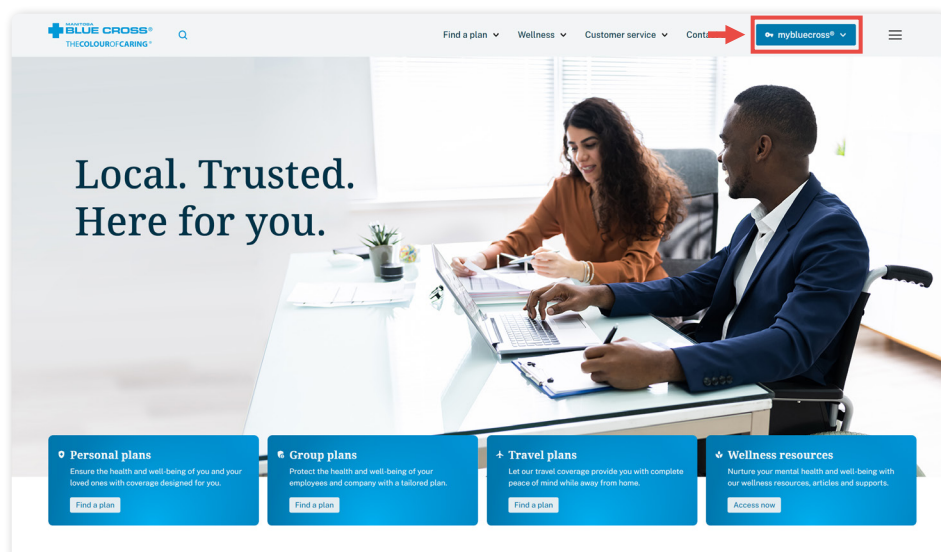




How to submit a claim in mybluecross®

Easier claims submission for members

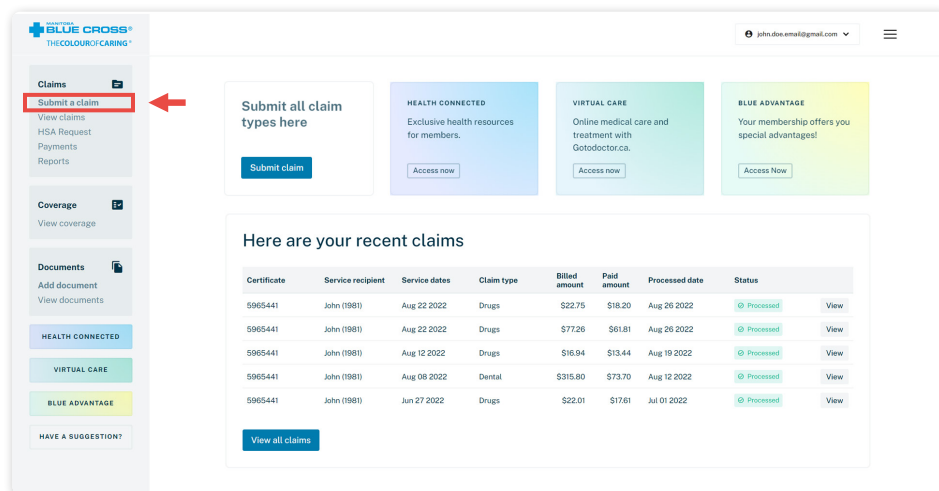
Visit mb.bluecross.ca and press **mybluecross®** on the top-right side of the page. From the dropdown, select “Member login” to log into your mybluecross account. If you do not have an existing mybluecross account, please register using the assigned numbers on your Manitoba Blue Cross ID card.



Submitting a Claim

On the left sidebar, under **Claims**, select **Submit a claim**.

If you are not already receiving payments via direct deposit, you will be prompted to sign up for direct deposit prior to submitting claims online.



You'll be asked to complete the Claim Information questionnaire.

Select **Yes** or **No** to the questions, and, if necessary, choose which certificate you're claiming under. You'll then need to choose who the claim is for.

Once you've selected the claim recipient, select the claim type.

If your expense is a prescription drug, vision service/product or an extended health paramedical service, you will be prompted to select a provider.

If your provider doesn't appear in the search results, press the link next to **Can't find my provider?** and upload your receipt to complete your claim. See below for further information about uploading documents.

Submit a claim

Claim Details Expense Details Document Upload Claim Submission

Claim Details

Tell us about your claim.

Is the service or purchase the result of an accident at the workplace?
☐ Yes
☒ No

Is the service or purchase the result of a motor vehicle accident?
☐ Yes
☒ No

Certificate
0000000

Who is the claim for?
-Please select -
-Please select -
John Doe (1981)

Next Step

Claim Details

Tell us about your claim.

Is the service or purchase the result of an accident at the workplace?
☐ Yes
☒ No

Is the service or purchase the result of a motor vehicle accident?
☐ Yes
☒ No

Certificate
0000000

Who is the claim for?
John Doe (1981)

What type of claim?
-Please select -
-Please select -
Ambulance
Dental
Extended Health
Hospital
Prescription Drugs
Vision

Submit a claim

Claim Details Expense Details Document Upload Claim Submission

Expense details

Enter or edit your expenses.

Client	0000	Claim type	Massage Therapist
Certificate	0000000	Service recipient	JOHN DOE
Member	JOHN DOE	Relationship	Member

My providers

Provider name	Address	Type
☐ JAMES SMITH	000 PORTAGE AVE, WINNIPEG, MB	MASSAGE THERAPIST

Search for a provider

If you need to use another provider please search for it in the list below.

Search by name Search by province Search by city

Search by street Massage Therapist

Provider name	Address	Type
---------------	---------	------

The list is empty

After selecting a provider, you'll need to **Add an expense**. Please note that, while not all expenses require you to upload a receipt, you still need to hold onto your receipts in the event of an audit.

Add an expense

Benefit*
Massage therapist - 60 mins

Service date*
2023-09-05

Billed amount*
100

Has a portion of this expense been paid by another policy or a government program?*
☐ Yes
☒ No

Add expense

Benefit	Hours	Service Date	Billed Amount	Other plan(s) paid	Government
The list is empty					

Need help reading your receipt?
Let us guide you

Once you've added all expenses for your claim, press **Next Step**.

Benefit	Hours	Service Date	Billed Amount	Other plan(s) paid	Government paid
Massage therapist - 60 mins	-	Sep 5 2023	\$100.00	-	-

Click "Back" to make any corrections before submitting this claim.

← Back

→ **Next Step**

Ensure you've reviewed the **Authorization & Consent** and press **Submit Claim**.

Benefit	Hours	Service Date	Billed Amount	Other plan(s) paid	Government paid
Massage therapist - 60 mins	-	Sep 5 2023	\$100.00	-	-

Total claimed: 100.00

☒ I have read and understood the [Authorization & Consent](#). I confirm this claim is true and correct, and that the service recipient is eligible for coverage per the agreement in place.

Click "Back" to make any corrections before submitting this claim.

← Back

→ **Submit Claim**

For some claim types, you will not be directed to the expense screen. Instead, after pressing **Next Step**, you will be directed to upload receipts and any supporting claim documents.

Certificate

00000000

Who is the claim for?
John Doe (1981)

What type of claim?
Extended Health

What kind of expense is it?
Product

What kind of product is it?
Medical Equipment

Is the service or purchase under a treatment/payment plan with the service provider?
☐ Yes
☒ No

Next Step

You can either drag your documents into the document box or press **choose from folder** to upload documents from your device. When dragging documents into the document box, ensure you drag them one at a time.

john.doe.email@gmail.com

Submit a claim

Claim Details Expense Details Document Upload Claim Submission

Document upload

Client	0000	Claim type	Medical Equipment
Certificate	00000000	Service recipient	John Doe
Member	John Doe	Relationship	Member

Upload your claim documents

Please upload your itemized receipt/invoice and any other documents related to this claim (e.g. prescriptions, referrals, etc.).
Accepted file types include image files and PDF documents.

Drag files here or [choose from folder](#)

Pay remainder from Health Spending Account?
☐ Yes
☐ No

☐ I have read and understood the [Authorization & Consent](#). I confirm this claim is true and correct, and that the service receipt is eligible for coverage per the agreement in place.

Click "Back" to make any corrections before submitting this claim.

[← Back](#) [Upload Documents](#)

Once your documents are uploaded, review the **Authorization & Consent** and check the box. Finally, press Upload Documents to submit your claim.

During claim submission, if your provider was not found, you will be directed to upload your receipt. Once your receipt is uploaded, our Provider Relations team will verify the provider's eligibility and, if approved, assign a provider ID and process your claim. Eligible providers will appear in the search results for all future claim submissions.

Upload your claim documents

Please upload your itemized receipt/invoice and any other documents related to this claim (e.g. prescriptions, referrals, etc.).

Accepted file types include image files and PDF documents.

i A [specialty claim form](#) must be included for this expense.

Drag files here or [choose from folder](#)

2 file(s) selected

[Remove all](#)

Receipt.png

×

Claim Form.png

×

☒ I have read and understood the [Authorization & Consent](#). I confirm this claim is true and correct, and that the service recipient is eligible for coverage per the agreement in place.

Click "Back" to make any corrections before submitting this claim.

← Back

→ **Upload Documents**

After submitting an online claim with receipts and supporting documents through mybluecross, you can access these documents by selecting **View documents** on the left sidebar under **Documents**.

Documents

Upload document

Find your Explanation of Benefits statements, pre-authorization letters and more.

☐ All ☐ Claim Document ☐ Explanation of Benefits ☐ Pre-Authorization Letter

	Date ▾	Type ▾	File ▾	Reference ▾	
	Dec 09 2022	Claim Document	Submit 1.png	39997313	View
	Nov 30 2022	Explanation of Benefits	Explanation of Benefits 20221130.pdf	-	View
	Sep 06 2022	Pre-Authorization Letter	Pre-authorization Letter 20220906.pdf	-	View
	Aug 09 2022	Pre-Authorization Letter	Pre-authorization Letter 20220809.pdf	-	View
	Feb 16 2022	Pre-Authorization Letter	Pre-authorization Letter 20220216.pdf	-	View
	Feb 08 2022	Pre-Authorization Letter	Pre-authorization Letter 20220208.pdf	-	View

Showing records: 1 to 6 of 6

1

Did you know?

- Drug Authorizations, Pharmacare Deductibles and Prescriptions/Medical Referrals can be uploaded in mybluecross. You can upload these documents by pressing **Add document** on the left-hand sidebar and selecting the document type.
- Dependent on your plan type, you can request an HSA payment in mybluecross. You can request these payments by selecting **HSA Request** on the left sidebar under **Claims**. If the claim status indicates **Explanation of Benefits from other carrier required**, use the form to upload your **Explanation of Benefits** documents.
- You can upload supporting documents to some rejected claims. Select **View claims** on the left-hand sidebar, search for the rejected claim and press **View**. If the claim requires documents, press the **Upload** button in the **Paid amount explanation** message and upload the supporting documents.