

Submitting a claim?

There's an app for that!

Submitting and tracking claims is quicker and easier than ever! The **BPA eClaims** mobile app and website allows you to submit claims and check claim status through your phone or desktop computer.

Submit claims, view claim status and manage your benefits online with a computer or with our app on your mobile devices.

To get started, all you need to do is register. You can do so by downloading the app to your phone or by accessing **BPA eClaims** from our website. Choose either way below and follow the instructions on the next page. Once registered, you will be all set to submit your claims electronically.



Mobile app

To download the mobile app to your phone or tablet, go to the App Store (iPhone) or Google Play (Android) and search **BPA eClaims**. Look for the BPA app icon pictured above and click “GET” (iPhone) or “Install” (Android) button. Follow the steps on the next page to register yourself and your eligible dependents.

Web access

To access **eClaims** from your computer, visit our website at www.bpaclaims.ca and follow the steps to register.

BPA eClaims Features



Notifications

Receive updates on your claim submission.



Search Functionality

Have a historical reference of all of your claims and what they mean.



Dependent Claim Management

Manage claims for your entire family and get an overview from the app or your browser.



Digital Member Benefit Card

Always have a copy of your card, conveniently located within the app.



Explanation of Benefits

View or print an “EOB” — explanation of benefits of your claim submissions.

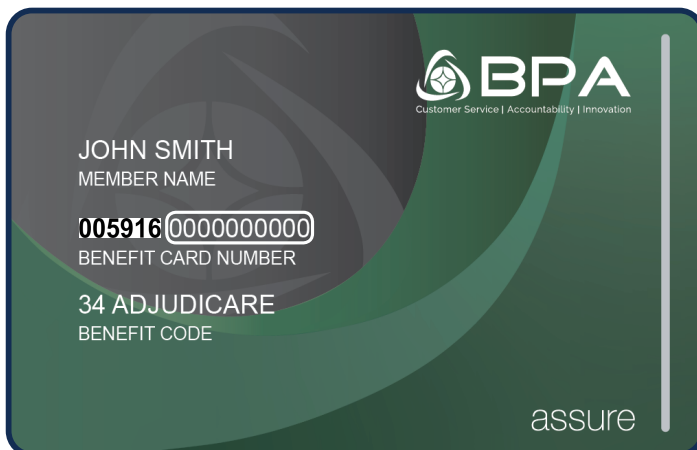


Photo Claim Submission

Submit your claims with the camera in your phone and upload directly to the app.

Beginning your registration process

As a first time user of **BPA eClaims**, you will have to register your account. In this step, you will need your new benefit card. In the registration process you will be asked to provide your:



Group Number

The first six digits of your benefit card number or **005916**.

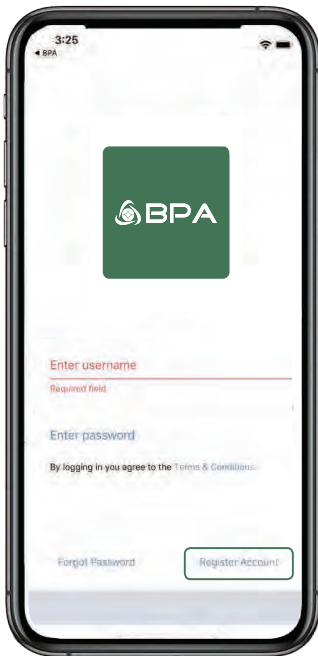
Certificate Number

The second set of digits of your benefit card number.

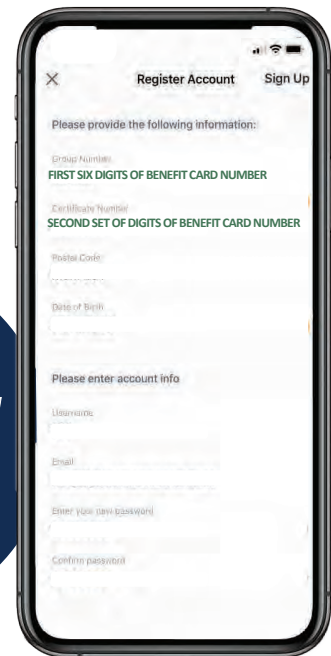
If you have any technical questions about the app or website, call 905-275-6466 or 1-800-867-5615.

STEP 1

On your phone, download/open the application and click “Register Account” in the bottom right corner.

**STEP 2**

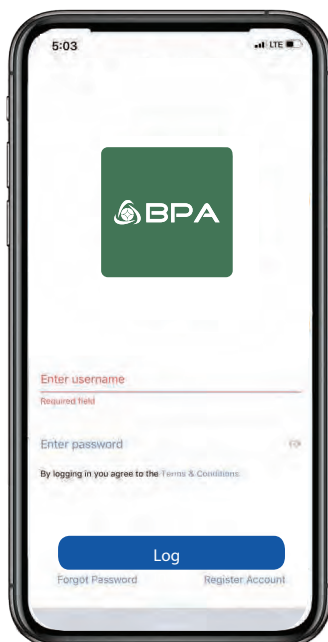
Enter your information in each section. You will need to create a username and password, then click “Sign Up”.



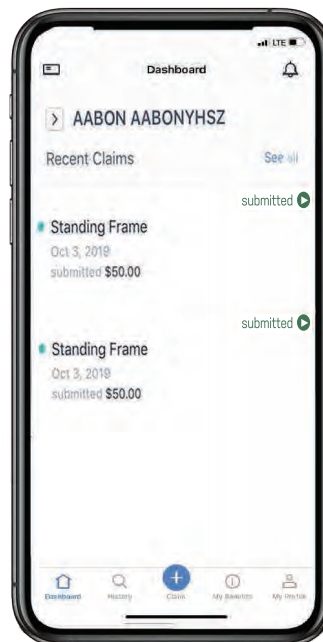
*Keep a copy of your
username and password
in a safe place.
You will need this
information to login.*

STEP 3

You will return to the login page where you will enter your username and password and click login at the bottom.

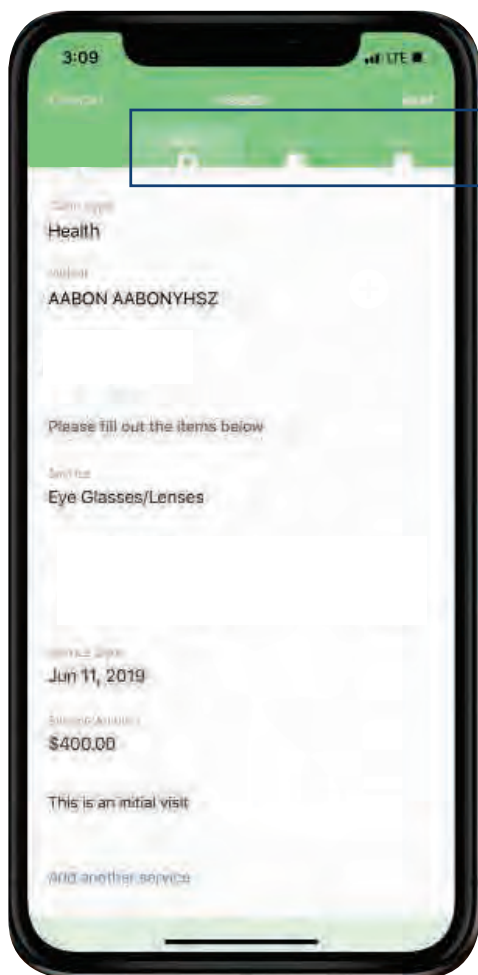
**STEP 4**

This is your dashboard. Here you can see recently submitted claims and the status of your submitted claims.



*Follow the instructions
on the next page to
learn about the claim
submission process.*

Submitting a claim



Details

If you are submitting for multiple services from the same provider/visit, you will be prompted with the option to “add another service”.

If you are submitting a claim with Coordination of Benefits (COB), make sure you enter the amount under “First Payor” that your primary insurance has already paid.

Receipt

In this step, make sure you have on hand a detailed itemized receipt from your provider, and your Primary Insurance (if submitting with Coordination of Benefits), including a receipt showing payment.

If you are submitting from your desktop computer, scan and upload each receipt under the required section.

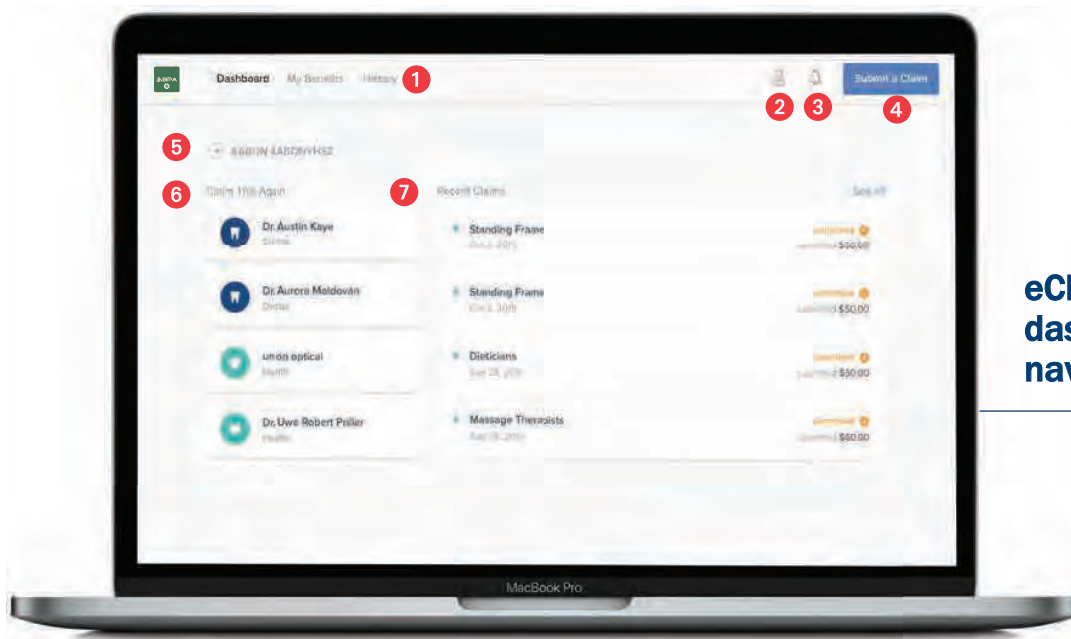
If you are on a mobile phone, you can take a picture of each receipt with your phone and upload. Make sure the picture is focused and legible.

Review

Once you have uploaded your receipts, you will have the option to have a final review of your claim. Once you have ensured the information is correct, tap/click the checkmark icon to submit your claim.

Your claim will be reviewed, and you can check the status under “History”.

You will be notified once your claim has been paid or if it has been declined.



eClaims dashboard navigation

1 Navigation

Navigate your way through the different pages of the application, including “My Benefits” where you can access more information around your benefits. “History” allows you to review past claims and to see an “Explanation of benefits” related to that claim.

2 Profile

Access details regarding your profile as a member. You can also switch profiles between yourself, spouse and dependents to check their benefit balances. Access a digital copy of your member benefit card and change your password if necessary.

3 Notifications/Messages

When you have a notification or message, you will see an alert to check. This can include messages from the administrator regarding your benefits or updates on the status of your claims. Be sure to check your messages regularly so that you can stay up to date.

4 Submit a Claim

Start the submission process of your claim here. See the previous page on how to submit a claim. Be sure to scan or take a picture of your receipt for the submission process.

5 Switch Claimant

Toggle between “Member”, “Spouse” and “Dependents” if applicable. When you switch the claimant, “Recent Claims” and “Claim This Again” will update to reflect the selected claimant.

6 Claim This Again

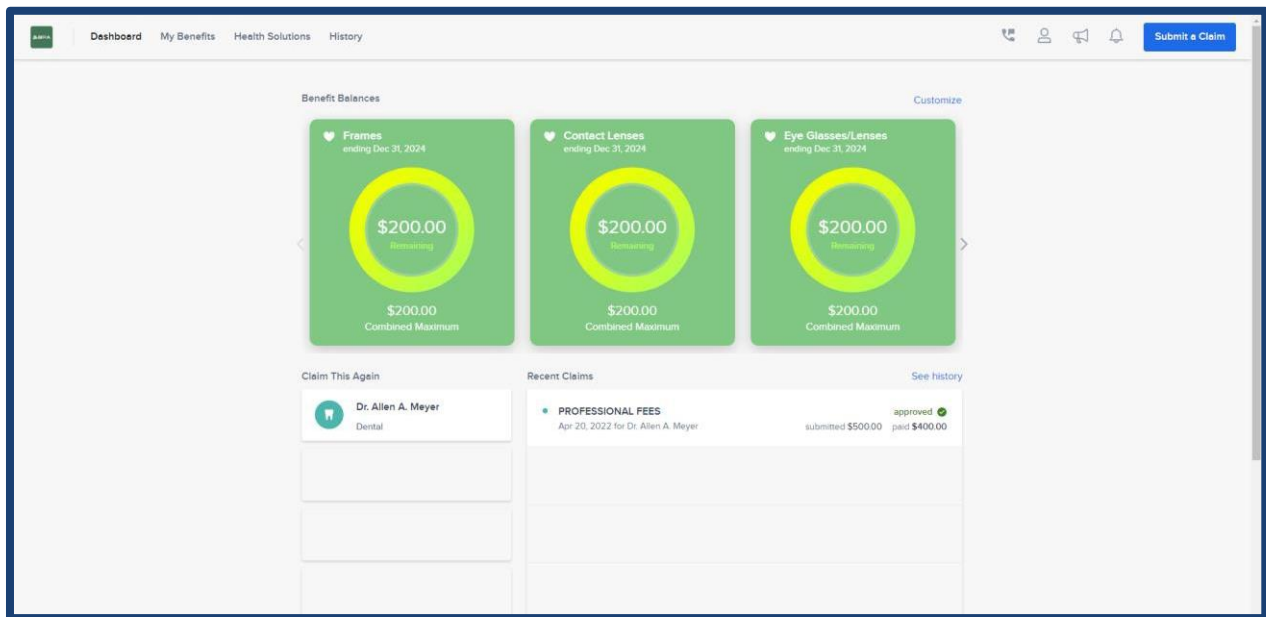
This section shows claims that have been consistently submitted by a member. If you have the same weekly, daily or monthly claim, it will show up in this section to make the submission process easy. Your provider will already be filled out, simply fill out the specific details of the claim.

7 Recent Claims

See claims that have recently been submitted and the status of that claim. Click the “See All” button to expand this view to get a historical view of all claims. You can also go to “History” in the navigation menu at the top of the page to see all claims submitted.

New Feature!

Under the dashboard header, you will find details pertaining to your available balances.



And once you submit claims, it will provide you with your remaining balances.

The screenshot shows the 'Dental' claim submission form. The form has a teal header with the title 'Dental' and a 'Cancel' button. Below the header, there are four tabs: 'Provider', 'Details', 'Documents', and 'Review'. The 'Details' tab is currently selected. On the left side of the form, there is a sidebar with the following information: 'Claim Type: Dental', 'Service Provider: Dr. Allen A. Meyer - 100302100', and 'Patient: Berry Bay'. The main content area of the form is titled 'Add Claim Details' and includes the instruction 'Please enter the following details from your receipt.' Below this, there is a 'Procedure' section with the text 'Complete Oral Examination, Primary Dentition'. A 'Quick Balance' section shows a table with one row: 'Complete Oral Examination, Primary Dentition' with a value of '\$1,900.00 left'. Below the 'Quick Balance' section, there are four input fields: 'Service Date', 'Dentist's Fee', 'Lab Charge', and 'Tooth Code'.

My Benefits narrows down the reimbursement amounts according to your coverage.

The screenshot shows the 'My Benefits' page for Berry Bay. The left sidebar has tabs for Health, Drug, and Dental. Under the Health tab, the 'Subcategory' is set to 'Paramedicals'. The main content area displays 'Paramedicals' with a benefit period of Jan 1, 2023 to Dec 31, 2023. It shows a coverage status of 'Single' and a reimbursement rate of 80%. General notes state that eligibility for claim payment is determined on the date the claim is processed, based on plan design, maximums, deductibles, percentage paid, coordination of benefits, etc.

You will be able to see if a service is not considered eligible for reimbursement.

The screenshot shows the 'My Benefits' page for Berry Bay. The left sidebar has tabs for Health, Drug, and Dental. Under the Health tab, the 'Subcategory' is set to 'Paramedicals'. The main content area displays 'Dieticians' with a benefit period of Jan 1, 2023 to Dec 31, 2023. It shows a coverage status of 'Single' and a reimbursement rate of 0%. General notes state that eligibility for claim payment is determined on the date the claim is processed, based on plan design, maximums, deductibles, percentage paid, coordination of benefits, etc.

Details of your dental maximums are displayed under the dental tab.

The screenshot shows the 'My Benefits' page for Berry Bay. The left sidebar has tabs for Health, Drug, and Dental. Under the Dental tab, the 'Dental Basic' subcategory is selected. The main content area displays 'Dental Basic' with a benefit period of Jan 1, 2023 to Dec 31, 2023. It shows a balance remaining of \$2,000.00 and a combined maximum amount of \$2,000.00. The coverage status is 'Single' with a reimbursement rate of 80%. Next eligible dates are listed: Recall exam: Immediately, Polish: Immediately, and Fluoride: Immediately. Benefits info notes that coverage may be limited to the fees defined in the applicable dental association fee guide and that scaling of 8.0 of 8.0 units remaining until Dec 31, 2023. General notes state that eligibility for claim payment is determined on the date the claim is processed, based on plan design, maximums, deductibles, percentage paid, coordination of benefits, etc.