Did you know most^{*} claims can be submitted within 12 months of the date the expense was incurred?

Submitting claims for reimbursement from RWAM is quick and easy, and with extended claim deadlines, it's much less stressful.

For most extended health, dental and drug claims, active^{**} Plan Members can submit their claim up to 12 months from the date of occurrence, regardless of year end or calendar date. This allows Plan Members to enjoy their year end festivities, without the stress of needing to submit claims before December 31st.

RWAM Makes it Easy to Submit Claims

You have flexible options to suit your lifestyle with easy claim submission options:

- online through RWAM Plan Member Services
- on the go with the RWAM Mobile App
- direct billing with TELUS Health eClaims

Keep your money in your wallet!

RWAM Plan Members can ask most Extended Healthcare Providers to submit claims to RWAM through TELUS Health eClaims for immediate adjudication.

With eClaims, eligible reimbursements are sent directly to your provided bank account or claim payment can be made directly to your Provider.



Claim Submission Requirements

Practitioner Claims:

- Patient Name
- Date of Service
- Type of Service
- Practitioner Name
 Practitioner Address
- Practitioner Credential Registration Number

Dental Claims:

Details must be submitted using a Standard Dental Claim Form completed by the dental office with the dental office stamp and signature.

Drug Claims:

Official Pharmacy Receipt/ Official Prescription Receipt that includes the following:

- Patient Name
- Drug Name and DIN
- Amount Charged

Note: When coordinating multiple insurance plans you must include an Explanation of Benefits Statement from the primary insurance provider.

Find more information on requirements for submitting claims by visiting: <u>rwam.com/plan-</u> <u>members/claim-submission-guidelines</u>

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*Excluding HSA policies. Refer to your policy for submission guidelines.

**If your policy is no longer active the extended deadline for submission no longer applies and any eligible extended health, dental and drug claim expenses incurred prior to the termination date must be submitted no later than 90 days after the date the insurance ceases.