

E-claims Guide



A partner you can trust.

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> Access your insurance file in CyberClient

The screenshot shows the Industrial Alliance CyberClient login interface. At the top left, there are links for 'Log In', 'Register', 'FAQ', and 'Français'. The main header features the Industrial Alliance logo and the text 'INDUSTRIAL ALLIANCE INSURANCE AND FINANCIAL SERVICES INC.'. Below this, the 'CyberClient' title is followed by 'Access for our Clients'. A large elephant image is on the left side of the login form. The form includes fields for 'Access Code' and 'Password', both marked with an asterisk to indicate they are mandatory. To the right of these fields are two links: 'Do you wish to obtain an access code and password?' and 'Have you forgotten your password?'. Below the password field is a checkbox labeled 'Remember my access code'. At the bottom right of the form is an 'Enter' button. Three numbered callouts are present: '1' points to the 'Access Code' field, '2' points to the 'Have you forgotten your password?' link, and '3' points to the 'Enter' button.

Log In | Register | FAQ | Français

INDUSTRIAL ALLIANCE
INSURANCE AND FINANCIAL SERVICES INC.

CyberClient | Access for our Clients

(*) Mandatory fields

1 Access Code *

2 Have you forgotten your password?

Password *

☐ Remember my access code

3 Enter

In order to protect the confidentiality of your personal and financial information, this section of our web site meets the most stringent security criteria currently available on the North American market.

[Supported Browsers](#)

» Go to our website at www.inalco.com.

» In the left-hand menu under **Secure Websites**, click on **CyberClient (Access for our Clients)**.

1 Type in your **access code** and your **password**.

Your access code and password for CyberClient can be found in the letter you received following your enrolment in your group plan. Your access code can also be found in the lower right corner of your benefit card.

2 If you do not remember your password, click on **Have you forgotten your password?**

3 Once you have entered your access code and password, click on **Enter**. You will automatically be directed to the CyberClient homepage.

> Access your insurance file in CyberClient (cont.)

September 9, 2011
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Welcome JEAN RENAUD
My Profile | Log Off

Coming soon!
New features available soon.

INDUSTRIAL ALLIANCE
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CyberClient

My Contracts | Document Centre

My Contracts

4 > 000011-000000602 Group Insurance

Document Centre

Search | Last | Favourite

Search

Help

Group Insurance

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August 19, 2011
[eContest: Tenth Winner](#)
Samira Kablouti of the province of Quebec won an iPod nano...

August 10, 2011
[eContest: Ninth Winner](#)
Natalie Lauzon of the province of Quebec won an iPod nano...

June 29, 2011
[Are you moving?](#)
Please give us your new address...

[All the news](#)

First Visit | Protection of Personal Information | Terms of Use | Supported Browsers

- 4 Under *My Contracts*, click on *Group Insurance* to access your personal file.

After 30 minutes of inactivity, your CyberClient session will automatically expire.



» Enrol in Direct Deposit and E-notification to submit an E-claim

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 Division: 6 - DEMONSTRATION WEB FRANCAIS
 Certificate: 602
 Name: JEAN RENAUD

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Claims
Direct Deposit and E-notification

i Information

- You can take advantage of Direct Deposit for your **health and dental** claim payments. To sign up for this service, click *Yes* under the *Register for Direct Deposit* option and enter your banking information in the fields below.
- If you have disability coverage and are receiving **disability benefits** from Industrial Alliance, you can also take advantage of Direct Deposit. To sign up for this service or to modify your banking information, please contact Customer Service.
- You can take advantage of E-notification for your **health and dental claims**. You may sign up for this service by selecting *Yes* under the *Register for E-notification* option and providing the information requested.

Direct Deposit and E-notification - Health and Dental

Register for Direct Deposit
(What are the advantages?)

☒ Yes ☐ No

The numbers to enter appear at the lower left portion of your personal cheque.

1

2

3

Branch Number 1 *

Financial Institution Number 2 *

Account Number 3 *

Subscribe to E-notification
(What are the advantages?)

☒ Yes ☐ No

Email address for E-notification *

☐ Home

☐ Work

(*) Mandatory fields

4 Validate Reset

» You must first enrol in direct deposit and E-notification before using our E-claims service.

- 1 In the left-hand menu under *Claims*, click on *Direct Deposit and E-notification* for health and dental claims.
- 2 Select *Yes* to *Enrol in Direct Deposit* and *Enrol in E-notification*.
- 3 Enter or update your banking information and your home or work email address.
- 4 Click on *Validate*.

» You will automatically be directed to another screen. You must check the confirmation section and click *OK*.



> E-claim: Step 1 – Consent

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Claims
E-claims

Step 1 Consent **Step 2** Insured **Step 3** Benefit **Step 4** Provider **Step 5** Fees **Step 6** Submission **Step 7** Confirmation

Information

- To submit your Health or Dental claim online, you must read and agree to the following terms and conditions. Click on **I accept** if you agree.
- Please note that not all types of claims can be submitted online such as: expenses incurred outside Canada, coordination of benefits, worker's compensation, traffic accident, dental care major treatment (bridgework, dentures, partials and orthodontics), claim assigned to a third party. For such cases, you must complete a paper claim form.
- Personalized forms are available in the menu on the left.

Terms and Conditions

- As an insurer and/or an administrator of your group plan, Industrial Alliance has the right to verify the accuracy of the information you have provided to support the claim.
- Industrial Alliance has the right to request that you submit the original receipts and any supporting documents within 12 months of the date you submitted the claim online.
- Upon request, you must submit to Industrial Alliance the original receipts and all supporting documents for the claim within 30 days of the date that these documents were requested.
- Industrial Alliance maintains the right at any time to revoke your privilege to submit a claim online. In such case, all future claims must be submitted using a paper claim form.

☐ I refuse ☒ I accept

Next Step

- 1 In the left-hand menu under *Claims*, click on *E-claims* to submit your health, drugs, vision and dental expenses online.
- 2 Read the *Terms and Conditions*.
- 2 Select *I accept*.
- 3 Click on *Next Step*.



> E-claim: Step 2 – Insured

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Name: JEAN RENAUD

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Information

- Please select the insured for whom you wish to submit a claim online.

List of insureds

Name	Other Insurer: Health	Other Insurer: Dental
☒ JEAN RENAUD		
☐ CHANTAL RENAUD		
☐ MAXIM RENAUD		

Note: Please verify that the above information is accurate and up-to-date. Any error could have an impact on the reimbursement amount. To modify information for any of the insureds, please contact Customer Service.

☒ I confirm that the information for the selected insured is up-to-date.

Previous Step **Next Step** **Cancel Claim**

- 1 From the *List of insureds* section, select the name of the person for whom you wish to submit a claim online.
- 2 Check *I confirm that the information for the selected insured is up-to-date*.
- 3 Click on *Next Step*.

E-claim: Step 3 – Benefit

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i Information

- Please select a benefit.
- The expenses that do not appear in the **List of Expenses** below cannot be submitted online. You must complete a paper claim form.

Insured

Name JEAN RENAUD

List of fees

Benefit	Type of Expense	Note
☒ HEALTH	CHIROPRACTOR	
☐ DRUGS	ACUPUNCTURIST	You must submit a paper claim since you have a benefit card.
	CHIROPRACTOR	
☐ VISION	DIETICIAN	
	MASSAGE THERAPIST	
	NATUROTHERAPIST	
☐ DENTAL	OSTEOPATH	
	PHYSIOTHERAPIST	
	PODIATRIST	
	PSYCHOLOGIST	

Previous Step

Next Step

Cancel Claim

- In the **List of fees** section, under **Benefit**, select **HEALTH**, **DRUGS**, **VISION** or **DENTAL**. Then under the **Type of Expense** column, select the type of fee.
If the expenses do not appear in the list of expenses, you must complete a paper claim form.
- Click on **Next Step**.

E-claim: Step 4 – Provider

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Step 1 Consent → Step 2 Insured → Step 3 Benefit → **Step 4 Provider** → Step 5 Fees → Step 6 Submission → Step 7 Confirmation

Information

- If the desired provider is not in your list of past providers, you can search in our database.

Insured

Name: JEAN RENAUD

Provider Search - CHIROPRACTOR

1 → Last name * THIBAUT
First name
Province * Quebec
Phone number () -

(*) Mandatory fields

2 → Search Clear

Previous Step Next Step Cancel claim

If a list of providers from your past claims does not appear on your screen or if the desired provider does not appear in the list of providers, you may search for your provider in our database.

- 1 From the **Provider Search** section, enter the **Last name** of the service provider and select the **province**.
- 2 Click on **Search**. A list of providers will appear on your screen. See the next page for the next steps.

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Provider search result(s) - CHIROPRACTOR

Name	Address	Phone number	License number
☐ THIBAUT GASTON D.C			79-568
☐ THIBAUT GASTON D.C			79568
☐ THIBAUT MARC			86-784
☐ THIBAUT VERONIQUE			10-1784

☐ I cannot find my provider in the list.

Provider Search

Previous Step Next Step Cancel claim

> E-claim: Step 4 – Provider (cont.)

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Provider search result(s) - CHIROPRACTOR			
Name	Address	Phone number	License number
☐ THIBAUT GASTON D.C			79-568
☒ THIBAUT GASTON D.C			79568
☐ THIBAUT MARC			86-784
☐ THIBAUT VERONIQUE			10-1784

☒ I cannot find my provider in the list.

Provider Search

Add provider - CHIROPRACTOR

Last name * THIBAUT
 First name * MARIE
 License number * 85-001
 Address
 Address(line 2)
 City
 Province * Quebec
 Order, College or Association name * OCO - Ordre des Chiropraticiens du Québec
 Postal code
 Phone number () -

(*) Mandatory fields

Add **Clear**

Previous Step **Next Step** **Cancel claim**

- 3 From the *Provider search result(s)* section, select the desired provider from the list.
 If your provider cannot be found in the list of results, you may add the provider in our database.
- 4 Select *I cannot find my provider in the list*.
- 5 Click on *Provider Search*.
- 6 In the *Add Provider* section, enter the *Last name*, *First Name* and *License number*, then select the *Province* and *Order, College or Association name* of the service provider.
 If the name of the Order, College or Association does not appear in the dropdown list, you must submit a paper claim.
- 7 Click on *Add*.
- 8 Click on *Next Step*.

> E-claim: Step 5 – Fees

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Information

- Please enter your fee details and click on **Add**. If you have finished entering your fees, click on **Next Step**.

Insured

Name JEAN RENAUD

Fees incurred for the provider MARIE THIBAUT

Date of service (mmddyyyy)* 09012011

Type of service* Chiropractor - Adjustment/treatment

Fees submitted* 60.00

(*) Mandatory fields

Add Clear

Previous Step Next Step Cancel Claim

- 1 In the *Fees incurred for the provider* section, enter the *Date of service (mmddyyyy)*. You may click on the *calendar* to select the date.
- 2 Select the *Type of service* and enter the *Fees submitted*.
- 3 Click *Add*. The *Details of fees incurred* section will appear on the bottom of your screen. See below.

(*) Mandatory fields **Add Clear**

Details of fees incurred			
Date of service	Type of service	Fees submitted	Delete
Sep 1, 2011	Chiropractor - Adjustment/treatment	\$60.00	
Total fees submitted		\$60.00	

Previous Step Next Step Cancel Claim

- 4 You can view the fees you have entered. If you made an error, click on under the *Delete* column and add a new fee.
- 5 Click *Next Step*.



> E-claim: Step 6 – Submission

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i Information

- Please verify that the information entered is correct then read and agree to the terms stated in the [Confirmation/Authorization](#) by clicking on **Yes** before submitting your claim.

Claim Details

Name of insured	JEAN RENAUD
Type of service	HEALTH - CHIROPRACTOR
Other insurer: Health	
Other insurer: Dental	
Provider's name	MARIE THIBAUT
Provider's address	QC

Fee Details

Date of service	Type of service	Fees submitted
Sep 1, 2011	Chiropractor - Adjustment/treatment	\$60.00
Total fees submitted		\$60.00

Confirmation/Authorization

I read and agree to the terms stated in the [Confirmation/Authorization](#) ☐ No ☒ Yes

Previous Step Submit Claim Cancel Claim

- 1 Verify that the information entered in the sections *Claim Details* and *Fee Details* is correct.
- 2 Read and agree to the terms stated in the *Confirmation/Authorization*.
- 3 Click on **Yes** to accept the terms and conditions.
- 4 Click on *Submit Claim*.

➤ E-claim step 7 – Confirmation

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E-claims

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Confirmation

- Your claim has been submitted successfully.
- Confirmation number: 999999999A
- You will soon receive a notice regarding the processing of this claim.

Information

- To submit another claim, click on **New Claim Request**. To return to the Summary, click on **Back**.

Claim Details		
Name of insured	JEAN RENAUD	
Type of service	HEALTH - CHIROPRACTOR	
Other insurer: Health		
Other insurer: Dental		
Provider's name	MARIE THIBAUT	
Provider's address	QC	

Fee Details		
Date of service	Type of service	Fees submitted
Sep 1, 2011	Chiropractor - Adjustment/treatment	\$60.00
Total fees submitted		\$60.00

New Claim Request **Back to Summary**

1 2

- ✓ A confirmation message will appear.
- ✓ Keep a record of your *confirmation number*.
- ✓ You will soon receive a notice regarding the processing of this claim.
- 1 Click on *New Claim Request* to submit another claim.
- 2 Click on *Back to Summary* to return to the summary page.