

# Your Sun Life Financial Toolkit for Provider Portal Submissions

Please read your Sun Life Financial Toolkit in full and keep it on hand. Your toolkit will show you how to reconcile your records with the statement provided by Sun Life Financial and the available information found on the TELUS Provider Portal. Also included are important steps you must take before submitting claims to Sun Life Financial and tips on how to submit claims successfully.

## Action required to submit claims to Sun Life Financial

- ✓ **Banking details** - Ensure your banking details are up to date with TELUS Health Solutions as Sun Life Financial will only provide payment through direct deposit. If you have **not** provided banking details to TELUS Health Solutions, and you request claim payment to yourself or your organization, the payment will not be made to you – it will be made to the insured plan member.
- ✓ **Email information** - Ensure your email information is up to date with TELUS Health Solutions as Sun Life Financial will only send your Provider Statement by email. If you supply an incorrect email address, or no email address to TELUS Health Solutions, you may not receive or delay your Sun Life Financial Provider Statement.

To update your banking and/or email information, please log in to the portal and update your profile. If you require assistance, contact TELUS at 1-866-240-7492 select Language and “for eClaims” select Option 9. Service hours are 8:00 am to 8:00 pm ET, Monday to Friday (including statutory holidays)

## Tips and important information about submitting claims to Sun Life Financial

- ✓ The following is an example of a Sun Life Financial coverage card to show you what to enter in the **Policy** and **Member ID** fields:

|   |                    |   |
|---|--------------------|---|
| <b>Member:</b> Randy Doe  |                    |  |
| <b>Member ID #</b>  | <b>Access ID #</b> |   |
| 987654321   | 16000604471        |   |
| Medical / Dental / Drug / Travel / Vision Coverage  |                    |   |
| <b>Contract #</b>   |                    | <b>Contract #</b>   |
| 025104 Medical  |                    | 025104 Travel   |
| 025104 Dental   |                    | 025104 Vision   |
| 025104 Drug   |                    |   |
| Printed May 08, 2012  |                    |   |
| <b>This card is valid only while the benefits are in effect.</b>  |                    |   |
| For specific information about your coverage and claims or to complete transactions online, sign in at <a href="http://www.sunlife.ca/member">www.sunlife.ca/member</a>                               |                    |   |
| For information or help not available online, contact our toll-free Customer Care Centre at 1 800 361-6212. You can use your access id and password in our automated phone system for faster service. |                    |   |
| To review our privacy policy visit our website: <a href="http://www.sunlife.ca/privacy">www.sunlife.ca/privacy</a>  |                    |   |

- ✓ In some cases, patients may present their drug cards. The following sample will show you what to enter in the **Policy** and **Member ID** fields:



Please note that Sun Life Contract numbers will not exceed six digits and Member IDs will not exceed eleven digits/characters. The last two digits ending in “01” should not be entered as part of the Member ID.

Several employers continue to review the eClaims service and have not yet chosen to make it available to their plan members. As a result, you will not be able to submit eClaims under their plans.

- ✓ **Authorization forms** –Changes have been made to the authorization forms on the Provider Portal. Your patient must complete the authorization forms prior to submitting claims and the completed forms must be retained in the patient’s file.



- ✓ **Explanation of Benefits** - Save and print the Explanation of Benefits provided on all completed claims. This Explanation of Benefits must be given to the patient prior to his/her leaving the office as a receipt that their claim was submitted. You will not receive a detailed Explanation of Benefits from Sun Life Financial. You will receive a Sun Life Financial Provider Statement via email upon completion of the processing of the claims when payment has been made to you or to your organization. You will not receive a Provider Statement for claims paid to the insured member.
- ✓ **\*\*All visioncare providers\*\*** - Claims for visioncare supplies must not be submitted until the claimant has paid for the supplies in full. For example, we will not accept claims for visioncare supplies in which only a deposit has been made.
- ✓ **Pre-payment of services** - You must not submit claims in advance for services not yet rendered, even if the patient paid for a block of services in advance.

- ✓ **Service codes and pro-rating calculations** - When submitting a claim, avoid selecting multiple service codes for a single visit. Fewer service codes will result in better real time completion and reduced "pro-rating" calculations.
- ✓ **More than one treatment on the same day** - If you have rendered more than one service on the same day for a patient (either same service on two different body parts or the same service twice in the same day), these claims must be submitted as a paper claim - otherwise they will be considered a duplicate and will be declined.

### Before contacting Sun Life Financial

- ✓ **When can I call Sun Life Financial?** - Inquiries to Sun Life are only accepted if the payment was assigned to you, if we have asked you for additional information or if the member/patient is present in your office at the time of the call. You must have the contract number and member ID for the patient for whom you are calling. Without this level of detail, no information will be shared. To contact Sun Life, please call 1-855-301-4SUN (4786). Service hours are between 8 a.m. – 8 p.m. ET, Monday to Friday.
- ✓ **When will I get paid?** - You could receive multiple bulk EFT payments for claims processed in a given day. Sun Life Financial will only provide payment through Electronic Fund Transfer (EFT). Payments (if applicable) will be deposited into the payee's account and can take up to 48 hours to appear after the claim has been completed. You may receive more than one Sun Life Provider Statement per day. You will receive one email per deposit made to your bank account. This will allow you to easily identify which claim(s) are part of which deposit.
- ✓ **Why did my payment request get changed from me to the insured member?** – Some plans do not allow assignment of payment to providers. If a plan sponsor does not allow assignment and you request assignment, payment will be switched to the insured member. Another reason may be that we do not have your banking details on file so it is important that you ensure your TELUS profile is complete and up to date.
- ✓ **Whom should I call to update my personal information?** – You must contact TELUS Health Solutions for any updates to your personal information, such as your address, banking or e-mail information. It is important to keep your personal information up to date with TELUS Health Solutions. Incorrect information will result in delays or disruptions in service, such as fewer real time completed claims, payments being made to the insured member instead of to you and unsuccessful delivery of important payment information. To update your profile, please log in to the portal and update your profile. If you require assistance, contact TELUS at 1-866-240-7492 select Language and "for eClaims" select Option 9. Service hours are 8:30 am to 11:00 pm ET, Monday to Sunday.

### Your Sun Life Financial Provider Statement

You will receive a Sun Life Financial Provider Statement for claims that are assigned to you. The Provider Statement will be sent to the email address you provided to TELUS. You will not receive a detailed Explanation of Benefits from Sun Life Financial. This Provider Statement is intended to help you reconcile your records with the available information found on the TELUS Provider Portal.

## Here is a sample of what your Provider Statement will look like

Your detailed Sun Life Financial Provider Statement is now available.  
You will receive a separate email shortly containing the remainder of your transactions for this pay period if applicable. This is email 1 of 1.

### Sun Life Financial Provider Statement

**Summary of Payment for Date:**  
February 9, 2014

**Practitioner/Facility Name:**

**Your Provider e-Claims ID:**

**Questions?**

Toll-free number:  
1-855-301-4SUN (4786)

### Statement overview

**Total direct deposit:** \$263.75  
**Deposited to your account #:** XXXXX - XXXXXXXX  
**Deposit ID:** 040001174  
**Number of records:** 2

Payments deposited into your account can take up to 48 hours to appear after your claim has been processed.

### Record details

To confirm that payment for each claim has been received, you can match the Insurance Co Claim ID found on this statement with either the Explanation of Benefits you received from TELUS, or the "Past Transaction" tab on the TELUS Provider Portal.

| Submit date      | Insurance Co. Claim ID / CPN | Claimant initials | Total amount claimed | Total amount reimbursed by Sun Life Financial |
|------------------|------------------------------|-------------------|----------------------|---|
| February 7, 2014 | 2014020743203818             | NE                | \$231.00             | \$200.00                                      |
| February 6, 2014 | 2014020643123416             | TP                | \$75.00              | \$63.75                                       |

Do not respond to this message. We cannot accept electronic replies to this email. If you have questions, please contact us toll-free at 1-855-301-4SUN (4786)

Please add [Sun\\_Life\\_Financial@email.sunlife.com](mailto:Sun_Life_Financial@email.sunlife.com) to your address book to ensure that this communication can be successfully delivered and not marked as spam.

This email message is intended for the use of the individual or entity to which it is addressed and may contain information that is confidential. If you are not the intended recipient, you are notified that any use, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender and erase this email message immediately.

This email communication was sent by Sun Life Financial Canada, 227 King Street South, Waterloo, ON, N2J 1R2.

## Confirming payment for claims submitted to Sun Life Financial with your Provider Statement

When you receive your Sun Life Financial Provider Statement you can use it to confirm that payment has been received from Sun Life Financial.

The **Insurance Co Claim ID** field is found on the Sun Life Financial Provider Statement, on the Explanation of Benefits received on the Portal and on the Past Transactions Screen on the Portal. To confirm that payment for each claim has been received, match the Insurance Co Claim ID on your Sun Life Financial Provider Statement with the claim details provided through the TELUS Health eClaims Portal. Refer to the Explanation of Benefits you received when you submitted the claim through the Portal or to the information on the Past Transactions tab in the Portal.

You may receive more than one Sun Life Provider Statement per day. You will receive one email per deposit made to your bank account. This will allow you to easily identify which claim(s) are part of which deposit.

Here is a visual of the documents you will need and the fields you can use to confirm the payment for each claim:

**Sun Life Financial Provider Statement**

| Submit date   | Insurance Co Claim ID / CPN | Claimant initials | Total amount claimed | Total amount reimbursed by Sun Life Financial |
|---------------|-----------------------------|-------------------|----------------------|---|
| June 13, 2012 | 2012061300000834            | FA                | \$ 10.00             | \$ 10.00                                      |
| June 12, 2012 | 2012061200000831            | SD                | \$ 180               | \$ 144.00                                     |
| June 12, 2012 | 2012061200000823            | IC                | \$ 999.99            | \$ 799.92                                     |

**Sun Life Financial Explanation of Benefits – Saved, printed or downloaded from the Provider Portal**

|   |  |                                   |
|---|--|-----------------------------------|
| <b>Insurance Company Claim ID:</b> 2012061300000834   |  | <b>Member ID:</b> 8941            |
| <b>Policy:</b> 10480 (Extended Health Care)           |  | <b>Date of Birth:</b> 1948-03-01  |
| <b>Insured/Member:</b> Fred Alpine                    |  |                                   |
| <b>Patient:</b> Fred Alpine                           |  | <b>Date of Birth:</b> 1948-03-01  |
| <b>Relationship to Insured/Member:</b> Insured Member |  |                                   |
| <b>Provider Claim Reference ID:</b> 17776             |  | <b>Date Submitted:</b> 2012-06-13 |

| Date of Service | Service Description | Submitted              | Eligible | Deductible | Payable At | Paid Amount    | Note(s) |
|-----------------|---------------------|------------------------|----------|------------|------------|----------------|---------|
| 2012-06-13      | Assessment, brief   | 10.00                  | 10.00    | 10.00      | 80%        | 10.00          |         |
|                 |                     | <b>Totals:</b> \$10.00 |          |            |            | <b>\$10.00</b> |         |

**TELUS Provider Portal Past Transaction Tab**

| PAST TRANSACTIONS |  | Insurance Co. Claim ID | Response Status         | Web Claim ID | Patient Name (Last, First) | Total Submitted | Total Paid |
|-------------------|--|------------------------|-------------------------|--------------|----------------------------|-----------------|------------|
|                   |  | 2012061300000834       | Explanation of Benefits | 17776        | Alpine, Fred               | \$10.00         | \$10.00    |

**Using the claim examples above, let's walk through an example**

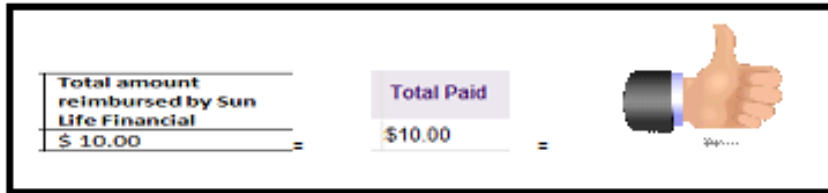
1. You receive an email from Sun Life Financial with a subject line – “Your Sun Life Financial Provider Statement – ID 123456789”. This email contains your Sun Life Financial Provider Statement.
2. The first record detail on your Sun Life Financial Provider Statement, indicates that you submitted a claim on June 13<sup>th</sup> 2012 for \$10.00, with Insurance Co Claim ID - 2012061300000834

|                                    |
|------------------------------------|
| <b>Insurance Co Claim ID / CPN</b> |
| 2012061300000834                   |

- You login to the Provider Portal and check your "Past Transaction" tab
- Using the "Insurance Co Claim ID" number from the Sun Life Financial Provider Statement, you locate the matching claim on the Provider Portal. The Provider Portal indicates that the total paid is \$10.00



- On your Sun Life Financial Provider Statement, the "Total amount reimbursed by Sun Life Financial" confirms that you were paid \$10.00 for that claim.



### Document field name legend

This legend will assist you in reconciling your documents. The related field names for the three types of documentation you may receive have been identified in this table below.

| Document               | Sun Life Financial Provider Statement         | Sun Life Financial Explanation of Benefits - from the Provider Portal   | TELUS Provider Portal Past Transaction Tab   |
|------------------------|---|---|--|
| Field name on document | Submit date                                   | ↔ Date Submitted ↔  | Submit date  |
|                        | Insurance Co Claim ID/CPN                     | ↔ Insurance Company Claim ID ↔  | Insurance Co Claim ID  |
|                        | Claimant initials                             | ↔ Patient - First and last name are displayed. I.e. Jane Doe on the explanation of benefits is JD on the Sun Life Financial Provider Statement. ↔ | ↔ Patient Name (Last, First) - You will have to deduce the initials from the last and first name. I.e. Doe, Jane = JD. ↔ |
|                        | Total amount claimed                          | ↔ Totals Submitted ↔  | Total Submitted  |
|                        | Total amount reimbursed by Sun Life Financial | ↔ Totals Paid ↔   | Totals Paid  |

### Provider Statement FAQ

- ✓ **When will I receive a Sun Life Financial Provider Statement?** – When you submit a claim that results in a completed Explanation of Benefits or a Claim Acknowledgment and the claim is payable to you or your organization.
- ✓ **How long will it take for the email to appear in my inbox?** - If the claim resulted in a completed Explanation of Benefits, the email should appear in your inbox within 24-48 hours after you submitted the claim. If the claim resulted in a Claim Acknowledgment, the email will appear 24-48 hours after Sun Life Financial has completed their review of the claim.

- ✓ **Why am I receiving more than one Sun Life Provider email Statement per day?** – In an effort to make bank reconciliation easier, it was decided to email one Sun Life Provider Statement per deposit into your bank account. Each statement will group all claims by deposit. This will allow you to easily identify which claims are part of each deposit in your bank account.
- ✓ **Why is the deposit ID only on some of my Sun Life Provider Statements?** – If the payment amount is \$0 a deposit ID is not created as no deposit was made. To minimize the number of emails sent on a daily basis, all claims with \$0 payment will be grouped together on one statement.
- ✓ **Are there situations in which I will not receive a Sun Life Financial Provider Statement at all?** – Yes, if the claim response status in the “Today’s Transactions” or “Past Transactions” tab does not contain an “Explanation of Benefits” or an “Acknowledgment” you will not be receiving a Provider Statement. In addition, if the claim is voided same day, you will not receive a Provider Statement. Finally, if we do not have your email address on file, we cannot send you a Provider Statement.

In the example below the Check Marks indicate claims that would result in a Provider Statement and the X's indicate claims that would not result in a Provider Statement.

| Provider *   | Submit Date * | Request Type *  | Insurance Company * | Submit Status * | Insurance Co. Claim ID | Response Status *       | Web Claim ID * | Patient Name (Last, First) * | Total Submitted | Total Paid |          |
|--------------|---------------|-----------------|---------------------|-----------------|------------------------|-------------------------|----------------|------------------------------|-----------------|------------|----------|
| Gerald Smith | 2012-07-04    | Payment Request | Sun Life Financial  | Submitted       | 2012070400017590       | Acknowledgement         | ✓              | 10581                        | alpine, fred    | \$15.00    |          |
| Gerald Smith | 2012-07-04    | Payment Request | Sun Life Financial  | Submitted       | 2012070400017597       | Voided                  | ✗              | 10579                        | alpine, fred    | \$25.00    | \$17.50  |
| Gerald Smith | 2012-07-04    | Payment Request | Sun Life Financial  | Submitted       | 2012070400017596       | Voided                  | ✗              | 10578                        | alpine, fred    | \$15.00    | \$10.50  |
| Gerald Smith | 2012-07-04    | Payment Request | Sun Life Financial  | Submitted       | 2012070400017595       | Acknowledgement         | ✓              | 10577                        | alpine, fred    | \$20.00    |          |
| Gerald Smith | 2012-07-04    | Payment Request | Sun Life Financial  | Submitted       | 2012070400017594       | Explanation of Benefits | ✓              | 10576                        | alpine, fred    | \$25.00    | \$17.50  |
| Gerald Smith | 2012-07-04    | Payment Request | Sun Life Financial  | Submitted       | 2012070400017595       | Voided                  | ✗              | 10555                        | alpine, fred    | \$40.00    | \$28.00  |
| Gerald Smith | 2012-07-04    | Payment Request | Sun Life Financial  | Submitted       | 2012070400017594       | Explanation of Benefits | ✓              | 10554                        | alpine, fred    | \$200.00   | \$105.00 |
| Gerald Smith | 2012-07-04    | Payment Request | Sun Life Financial  | Submitted       | 2012070400017593       | Voided                  | ✗              | 10553                        | alpine, Fred    | \$10.00    | \$7.00   |
| Gerald Smith | 2012-07-04    | Payment Request | Sun Life Financial  | Submitted       | 2012070400017577       | Explanation of Benefits | ✓              | 10545                        | alpine, fran    | \$115.00   | \$80.50  |
| Gerald Smith | 2012-07-04    | Payment Request | Sun Life Financial  | Submitted       | 2012070400017576       | Problem Encountered     | ✗              | 10544                        | alpine, fran    | \$110.00   |          |
| Gerald Smith | 2012-07-03    | Payment Request | Sun Life Financial  | Submitted       | 2012070300017575       | Acknowledgement         | ✓              | 10536                        | pitt, angle     | \$100.00   |          |
| Gerald Smith | 2012-07-03    | Payment Request | Sun Life Financial  | Submitted       | 2012070300017569       | Problem Encountered     | ✗              | 10528                        | Apple, Elaine   | \$15.00    |          |
| Gerald Smith | 2012-06-27    | Payment Request | Sun Life Financial  | Submitted       | 2012062700004362       | Problem Encountered     | ✗              | 10371                        | miller, sienna  | \$10.00    |          |