1. Go digital
   • If you are a dentist or denturist, submit your claims electronically for fastest processing.
     • Dentists – register for electronic claims on CDAnet.
     • Denturists – register for electronic claims at www.dacnet.ca.

2. Submit claims only once
   • Each duplicate claim doubles our processing time.
   • If you already submit electronically, do not send a duplicate paper claim even if you don’t receive an electronic acknowledgement.
   • Send one claim form per patient – list multiple treatments on the same form.

3. Always include Provider ID Numbers shown on your Pacific Blue Cross statements
   • The following are required for practitioners performing services on all claims and predetermination submissions:
     • 9-digit unique ID number (UIN) or Pacific Blue Cross assigned ID number, and
     • 4-digit CDA/DAC office number or Pacific Blue Cross assigned office number.

4. Coordination of Benefits (COB)
   • Only send a COB claim if it requires a top up
     • if your patient’s primary plan (not Pacific Blue Cross) has paid 100% of the submitted amount, do not send us the claim.
     • If top up is required, send your claim to us and mark the line(s) that have an unpaid portion.
   • Submit only 1 claim form when Pacific Blue Cross is primary and secondary payer
     • include both policy numbers on 1 form, including the Part 3 patient information section.

5. Do not staple your claims
   • Staples will not go through our claims scanner.

6. Send letter size (8 ½ x 11) single sided paper only
   • Partial or cut up sheets of paper require extensive layout time for scanning.