

## 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](http://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.