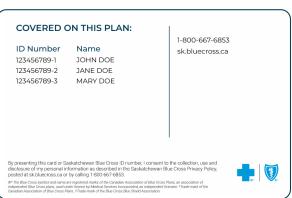




Pharmacy Providers: Quick Reference Card

ELECTRONIC CLAIM SUBMISSIONS — THE FUNDAMENTALS





To submit a transaction:

- In the **Group Number/Code** field, enter the 5 digit policy number as it appears on the member identification card (e.g., 55555).
- In the **Client ID Number/Code** field, enter the 1 − 10 digit identification number as it appears on the member identification card, not including the hyphen and plan participant code (e.g., 123456789).
- In the Patient Code field, enter the 1 − 2 digit plan participant code separated by a hyphen and following the subscriber identification number (e.g., 1).

Accepted transactions:

- Claims
- · COB claims
- · Claim reversals
- · Requests for totals and detail records

PROVIDER PROFILE

Please contact our Provider Support team to update your pharmacy name, location, billing details, contact information and/or ownership.

Details can be sent to **providerrelations@sk.bluecross.ca** or by calling our Customer Service team at **1.800.667.6853**.

PAYMENTS

Pharmacy Payments are made weekly for the amount due from all claims received by Saskatchewan Blue Cross during the submission period when registered for Direct Deposit. Pharmacies receiving payment by cheque are issued payment every second week.

ASSISTANCE

For assistance with your electronic submissions, please contact our Customer Service team: 1.800.667.6853

