



## **SERVICE PROVIDER RECEIPT BEST PRACTICES FOR GROUP INSURANCE REIMBURSEMENT**

The following is a list of suggested receipt detail best practices for service providers. The best practices have been developed by member companies of the Canadian Life and Health Insurance Association (CLHIA) and provide a reference for providers. Following these best practices is an important tool in helping to reduce claims fraud and the reprocessing of submitted receipts due to incomplete information provided.

Adherence to the suggestions indicated below should result in reimbursement of the services or supplies, in accordance to the terms outlined within the group contract wherein the claimant is insured.

### **General Overview:**

The same information requirements are in place for both handwritten receipts and computer generated receipts.

Handwritten receipts are acceptable provided that the information is complete and the writing on the receipt is clearly legible.

Duplicate receipts issued to patients should be clearly identified as:

### **DUPLICATE RECEIPT – ORIGINAL ISSUED ON (DATE)**

Service providers should not leave fields on the receipt blank. This allows for tampering. If a field is not applicable, **N/A** or a zero dollar amount should be indicated. The more complete the information provided on a receipt, the less the chance of receipt tampering, or decline for reimbursement.

Where appropriate, written numbers (Example: One dollar) should be used rather than dollar amounts (Example: \$1.00). This reduces the ability for claimants to tamper with their receipts.



| MANDATORY INFORMATION REQUIRED ON RECEIPT | INTENDED DESCRIPTION OF THIS INFORMATION<br><b>SERVICES</b> | INTENDED DESCRIPTION OF THIS INFORMATION<br><b>SUPPLIES</b>  | DEVIATIONS AND COMMENTS  |
|---|---|--|--|
| <b>Receipt Date</b>                       | Date on which SERVICE was performed                         | <p>Options:</p> <p>For online purchases, such as visioncare (contact lenses, frames and lenses) the date on which SUPPLY was received, dispensed or invoice date is acceptable</p> <p>Please be advised that for online purchases, any shipping and handling costs associated with that purchase are not eligible for reimbursement.</p> <p>For supplies that are picked up or purchased at a registered supplier, the date the supply was PAID for will be the date used for reimbursement purposes</p> | <p>For multiple receipts or service dates indicated on a single invoice, the Dates of Service must be clearly indicated, and only the dates where services have been completed should be indicated for reimbursement.</p> <p>Future dates will not be considered for reimbursement</p> |
| <b>Format of date</b>                     | Year/ Month/ Day  | Year /Month /Day   | Consistent with Canadian Payments Association Cheque   |



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|---|--|--|--|
|   |  |  | standards  |
| <b>Provider name</b>  | The name of the person who provided the SERVICE  | The name of the person or company which provided the SUPPLY  | When the service is provided by a clinic with multiple practitioners the name of the person who provided the SERVICE must be shown   |
| <b>Provider address</b>   | The business address of the person who provided the SERVICE  | The business address of the person or company which provided the SUPPLY  | If the location where the service/ supply was provided/dispensed is different than the billing address both addresses should be clearly shown.   |
| <b>Provider Phone Number</b>  | The business phone number of the person who provided the SERVICE   | The business phone number of the person or company who provided the SUPPLY   |  |
| <b>Provider professional identification, designation or credentials</b> | <p>Membership/Identification number assigned by regulatory body or professional association should be indicated</p> <p>Provider ID or Professional Designation of the service provider that is in accordance to regulatory body or professional association in which the service provider registered or affiliated should be indicated on the receipt</p> <p>Example:<br/>ND Naturopathic doctor</p> | <p>The name and address of the supplier should be clearly indicated on the receipt</p> <p>When external labs are involved in the manufacturer of the supply, the name and address of the Laboratory may be required</p> <p>Example applicable but not limited to:</p> <p>Custom Made Orthotics or Orthopedic Shoes</p> | <p>Preference is that the Professional Association is indicated on receipts.</p> <p>If not indicated, additional information may be requested if there are concerns about use of protected designations.</p> <p>Example: RMT for massage therapy</p> |



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|   | MT/RMT Massage Therapist                                       |   |  |
| <b>Patient Name</b>                       | The first and last name of the person who received the SERVICE | The first and last name of the person who received the SUPPLY | <p>In the case where there is a father and son in the same family with the same name, SR/JR or a distinguishing middle initial should be indicated in order to prevent the patient history from being entered incorrectly</p> <p>(Plan members are always encouraged to indicate the appropriate patient on the claim submission as well)</p> <p>For online purchases such as glasses, if multiple member of the family purchased glasses, the receipt should reflect all the names.</p> <p>Please be advised that for online purchases, any shipping and handling costs associated with that purchase are not eligible for reimbursement.</p> |
| <b>Type of service/supply provided</b>    | Specific description of the SERVICE provided                   | Specific description of the SUPPLY provided                   | For some Durable Equipment, Devices or Braces, additional information may still be   |



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|   |   |   | requested<br><br>Bundled services/supplies should be disclosed   |
| <b>Quantity provided</b>                  | See below for date of SERVICE   | Quantity of supplies, or the number of days worth of supplies must be clearly indicated, or additional information may be requested.<br><br>Example : Two pairs of Support Stockings  |  |
| <b>Length of treatment</b>                | If SERVICES are billed on an hourly or time basis, length of SERVICE must be indicated<br><br>Example: 30 minute massage  |   | When length of service is in question, and the duration impacts the amount paid towards an allowable maximum for the claimant, additional information may be requested if the length of service is not indicated |
| <b>Date of SERVICE /SUPPLY</b>            | Date of SERVICE if service rendered on date other than Receipt Date<br><br>If the receipt represents payment for several different SERVICE dates, all dates should be shown | For online purchases, such as vision Care Receipts, Date on which SUPPLY was received, dispensed or invoice date is acceptable.<br><br>Please be advised that for online purchases, any shipping and handling costs associated with that purchase |  |



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|   |  | <p>are not eligible for reimbursement.</p> <p>For supplies that are picked up or purchased at a supplier, the Date the supply was PAID for will be the Date used for reimbursement purposes</p>   |  |
| <b>Charge Amount</b>                      | Actual cost of SERVICE AFTER any applicable discount applied will be the amount considered for reimbursement | <p>Actual cost of SUPPLY AFTER any applicable discount applied will be the amount considered for reimbursement</p> <p>Please be advised that for online purchases, any shipping and handling costs associated with that purchase are not eligible for reimbursement</p> | <p>Always show Dollar sign (\$) immediately before charge amount in order to minimize risk of fraud</p> <p>Example: \$100.00 rather than 100.00</p> <p>Do not indicate payment is made until actually received</p> <p>Prepayment for future services must be disclosed</p> |
| <b>Government Plan Payment</b>            | Payment made by government plan if paid to provider must be shown.   | Payment made by government plan where applicable  | Payment for a service or supply by a government plan must be clearly indicated on the receipt, or an Explanation of benefits from the government plan or government grant payment must be included with the receipt for the service or supplies for                        |



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|   |  |  | reimbursement.<br>Example: Assistive Device Program in Ontario.  |
| <b>OPTIONAL INFORMATION</b>               |  |  |  |
| <b>Receipt /Invoice number</b>            | Receipt /Invoice number as assigned by provider of service | Receipt /Invoice number as assigned by provider of service | Useful for fraud management purposes, as it minimizes potential for duplication of receipts and for easy identification of receipt by provider   |
| <b>Method of payment</b>                  | Cash, cheque or charge/credit                              | Cash, cheque or charge/credit                              | Method of payment is optional for the service provider or supplier, <b>however, the receipt must indicate that the payment has been made in full only if payment has actually been received.</b><br><br>Please be advised that for online purchases, any shipping and handling costs associated with that purchase are not eligible for reimbursement. |