

DIRECT BILLING INFORMATION

Hi!

WE HAVE PUT TOGETHER THIS PACKAGE TO HELP YOU GET SET UP WITH DIRECT BILLING!

We are happy to announce that we currently offer direct billing through **Telus Health eClaims & Greenshield!**

What this means is that instead of paying for your session out of pocket, we would submit your claim to your insurance on your behalf and your insurance would pay us directly. Please note that you will be charged the outstanding/remaining amount if the whole session fee is not covered by your health insurance.

If you have any questions or concerns, please don't hesitate to [contact us!](#)

Let's get started!

INCLUDED:

TELUS HEALTH ECLAIMS
HOW TO REGISTER FOR DIRECT BILLING
CONTACT INFORMATION



star
holistic services

TELUS HEALTH ECLAIMS

Here is a list of insurance companies that are included with Telus Health:

- Alberta Blue Cross
- Beneva
- BPA
- Canada Life
- Canada Life - PSHCP
- Canadian Construction Workers Union (C.C.W.U.)
- Chambers of Commerce (Johnston Group)
- CINUP (Johnston Group)
- ClaimSecure
- Coughlin & Associates Ltd.
- Cowan (Express Scripts Canada)
- D.A. Townley
- Desjardins Insurance
- Equitable
- First Canadian (Johnston Group)
- GMS Carriers 49 and 50 (Express Scripts Canada)
- Industrial Alliance
- Johnson (Express Scripts Canada)
- Johnston Group
- LiUNA Local 183
- LiUNA Local 506
- Manulife Financial
- Maximum Benefit (Johnston Group)
- MDM Insurance Services
- People Corporation
- Simply Benefits
- TELUS AdjudiCare
- Union Benefits



**INSTRUCTIONS ON HOW
TO REGISTER FOR
DIRECT BILLING ARE ON
THE NEXT PAGE!**

HOW TO REGISTER FOR DIRECT BILLING

STEP 1: COMPLETE THE DIRECT BILLING INTAKE FORM

IF YOU ARE THE PRIMARY PLAN MEMBER

1. Log into your Jane profile.
2. Complete the Direct Billing Consent.
3. Watch for an email reminder labeled "Action Requested – Form to Complete".
4. Provide all necessary details for the Primary Plan Member if applicable

IF YOU ARE NOT THE PRIMARY PLAN MEMBER

You will need to provide the contact information for the primary plan member to set up a Jane profile for them to complete the direct billing consent.

HOW DO I SET THIS UP?

Email our Admin Team at admin@starholisticservices.com with the *Subject Line: Direct Billing Consent*

Please include the following information:

Primary Plan Member First & Last Name:

Primary Plan Member Phone Number:

Primary Plan Member Email Address:

A Jane profile will be created for the primary plan member and the *Direct Billing Consent* will be sent to the cardholder for completion through their Jane profile.

**WE REQUIRE THE PRIMARY PLAN MEMBER TO COMPLETE THE
DIRECT BILLING CONSENT TO PROTECT OUR CLIENTS AND
PREVENT FRAUD.**

HOW TO REGISTER FOR DIRECT BILLING CONTINUED

STEP 2: COMPLETE THE TELUS OR GREENSHIELD AUTHORIZATION FORM

Download the Telus OR Greenshield Electronic Authorization Consent form which was attached separately in the email.

If you do not have a pdf filler on your device, please follow these instructions:

1. Click [HERE](https://www.ilovepdf.com/sign-pdf) to use ilovepdf (https://www.ilovepdf.com/sign-pdf)
2. Select the PDF file you would like to sign and click only me.
3. Fill in your signature details (Ex. full name, initials) and click apply.
4. On the right hand side you can scroll down to add whatever elements you need (i.e. text, date, signature etc) to complete the form. You can either drag the elements into the sections you need or click the element and it will appear on the page.
5. Don't forget to **date and sign** the second page at the bottom.
6. Click sign to save the pdf document and save the file to your device for sending.

HOW TO COMPLETE THE FORM FOR YOURSELF

Provider		
First and last name or clinic name S.T.A.R. Holistic Services Inc. - Amanda Vigna		
Address 7-70 Hanlan Rd		
City Woodbridge	Province Ontario	Postal code L4L 3P6
Patient		
First name JOHN	Last name SMITH	
Primary coverage insurer/payer MANULIFE	Primary coverage plan member name JOHN SMITH	
Primary coverage policy number (also referred to as group or contract number) 11112		
Primary coverage certificate (also referred to as member/identification number) 52525252		
<small>(Canada Life only) secondary coverage plan member name</small>		

HOW TO COMPLETE THE FORM FOR A DEPENDENT

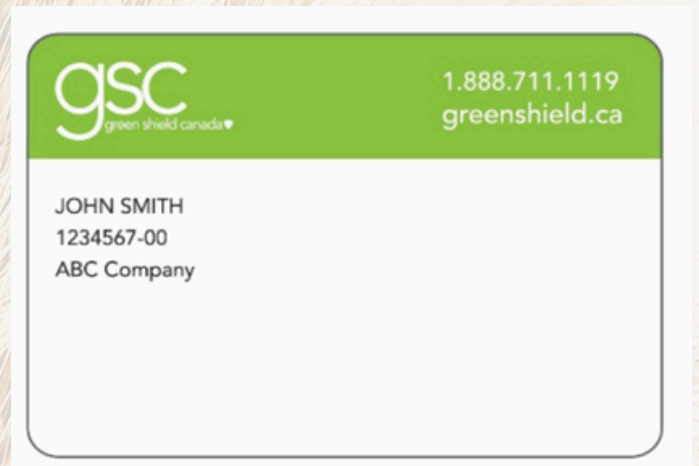
Provider		
First and last name or clinic name S.T.A.R. Holistic Services Inc. - Amanda Vigna		
Address 7-70 Hanlan Rd		
City Woodbridge	Province Ontario	Postal code L4L 3P6
Patient		
First name JENNY (WIFE)	Last name SMITH	
Primary coverage insurer/payer MANULIFE	Primary coverage plan member name JOHN SMITH	
Primary coverage policy number (also referred to as group or contract number) 11112		
Primary coverage certificate (also referred to as member/identification number) 52525252		
<small>(Canada Life only) secondary coverage plan member name</small>		

HOW TO REGISTER FOR DIRECT BILLING CONTINUED

STEP 3: TAKE A PICTURE OF YOUR INSURANCE CARD

We require a picture of the front and back of your insurance card for your file. Please ensure they are clear.

EXAMPLE: FRONT



EXAMPLE: BACK



STEP 4: EMAIL THE DOCUMENTS TO OUR ADMIN TEAM ADMIN@STARHOLISTICSERVICES.COM

The primary coverage plan member must email the following **2** documents: *Telus/Greenshield Authorization Form AND the picture of the insurance card* to the Admin Team with the *Subject Line: Direct Billing Registration*.



CONTACT US

Office Hours: M - F 11:00am - 11:00pm

 Email	admin@starholisticservices.com
 Phone	226-272-1444
 Website	www.starholisticservices.com