



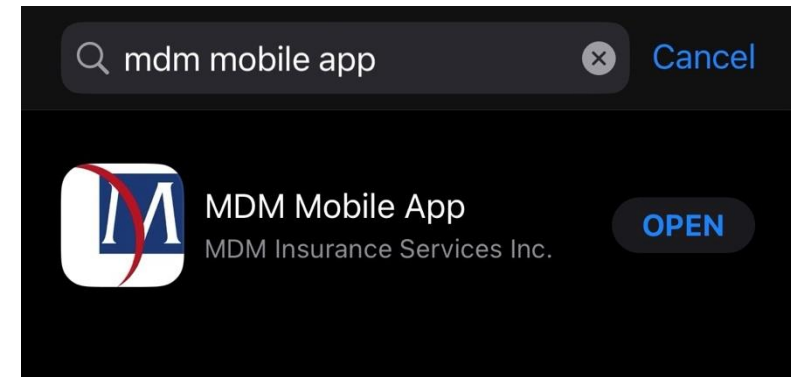
MDM Web Portal & Mobile App Overview

Claims Submissions **Made Easy**

- Healthcare professionals can submit electronic claims quickly and easily on behalf of patients through the Telus Health eClaims service
- Dental offices and pharmacies can submit claims electronically
- Claims can be submitted manually via email, fax or mail
- Claims can be submitted by members via the Mobile App or through the Online Portal

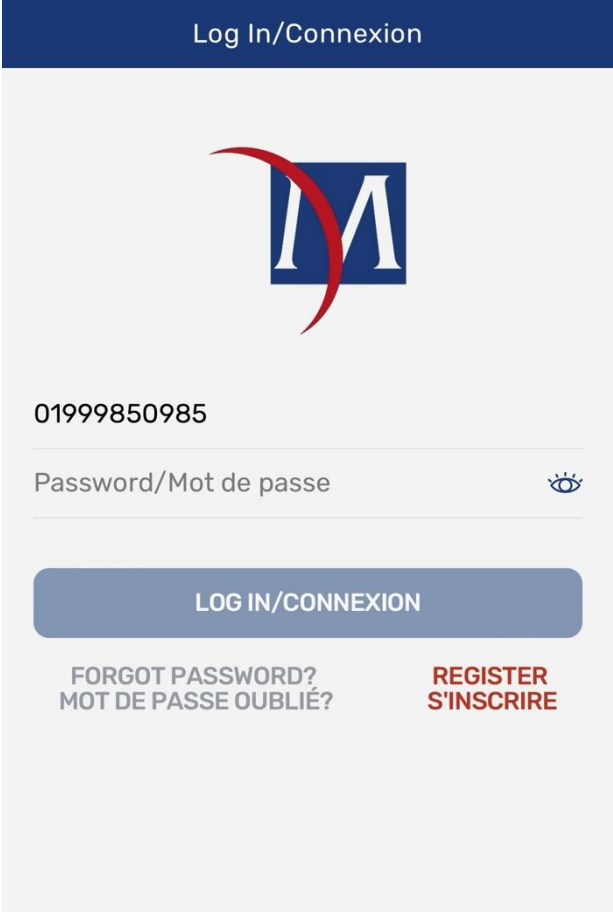
MDM Mobile App

- The MDM Mobile App is available for anyone covered by an MDM employee benefit plan. It is available for download in the Apple App Store or Google Play.
- The App is available in English and French.



MDM Mobile App

- Members log in using their personal Access ID and the same password used to log into the Online Web Portal
- Members must log into the web portal first to change their temporary password before logging into the Mobile App.



The image shows a mobile app login screen. At the top is a dark blue header with the text "Log In/Connexion" in white. Below the header is a light gray background. In the center is the MDM logo, which consists of a blue square with a white stylized 'M' and a red swoosh. Below the logo is a text input field containing the number "01999850985". Below that is another text input field labeled "Password/Mot de passe" with a red eye icon to its right. Below the password field is a blue button with the text "LOG IN/CONNEXION" in white. At the bottom, there are two links: "FORGOT PASSWORD? MOT DE PASSE OUBLIÉ?" in gray and "REGISTER S'INSCRIRE" in red.

Log In/Connexion



01999850985

Password/Mot de passe 

LOG IN/CONNEXION

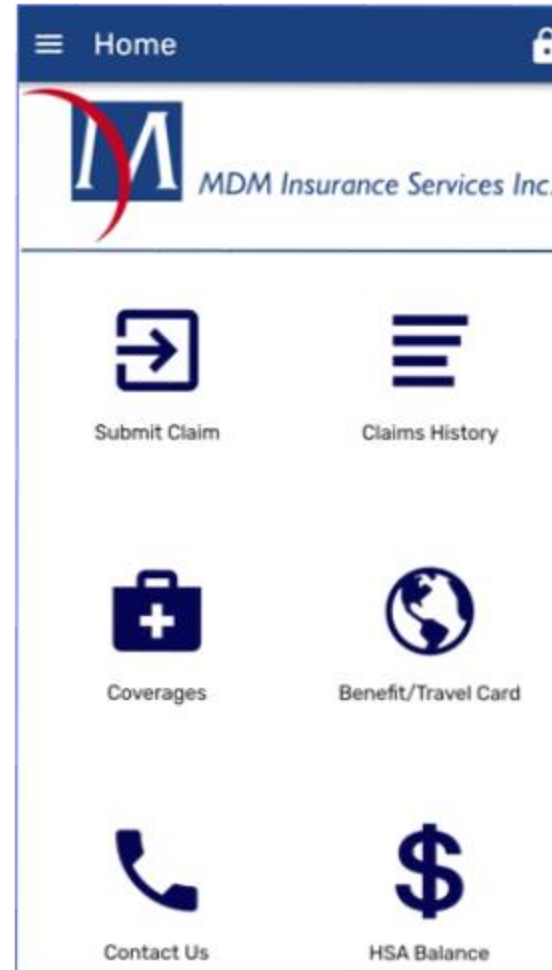
FORGOT PASSWORD?
MOT DE PASSE OUBLIÉ?

REGISTER
S'INSCRIRE

Mobile App

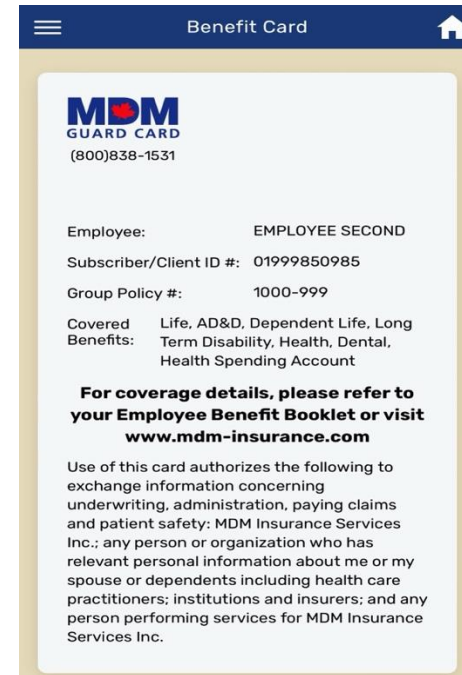
With MDM's Mobile App, members can:

- Submit a claim
- Search benefit details
- View benefit usage history
- View past claims
- View your electronic coverage card
- View their HSA balance if applicable



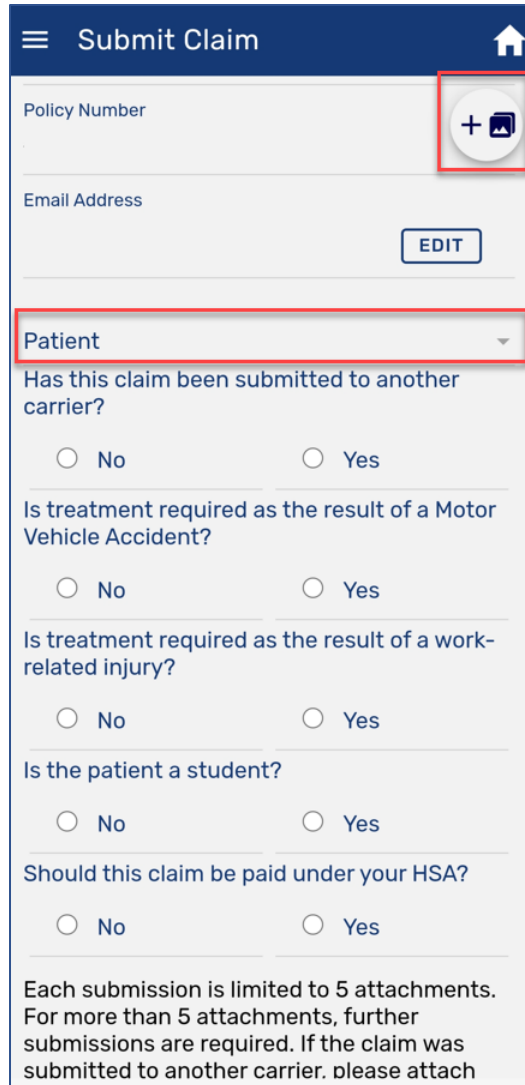
MDM Mobile App

- Members will always have quick and easy access to their coverage card when using the mobile app



Mobile App

When submitting claims through the mobile app, no claim form is required. Simply select the patient, answer the “Yes and No” questions and upload pictures of your receipts.



Submit Claim

Policy Number

Email Address

Patient

Has this claim been submitted to another carrier?

☐ No ☐ Yes

Is treatment required as the result of a Motor Vehicle Accident?

☐ No ☐ Yes

Is treatment required as the result of a work-related injury?

☐ No ☐ Yes

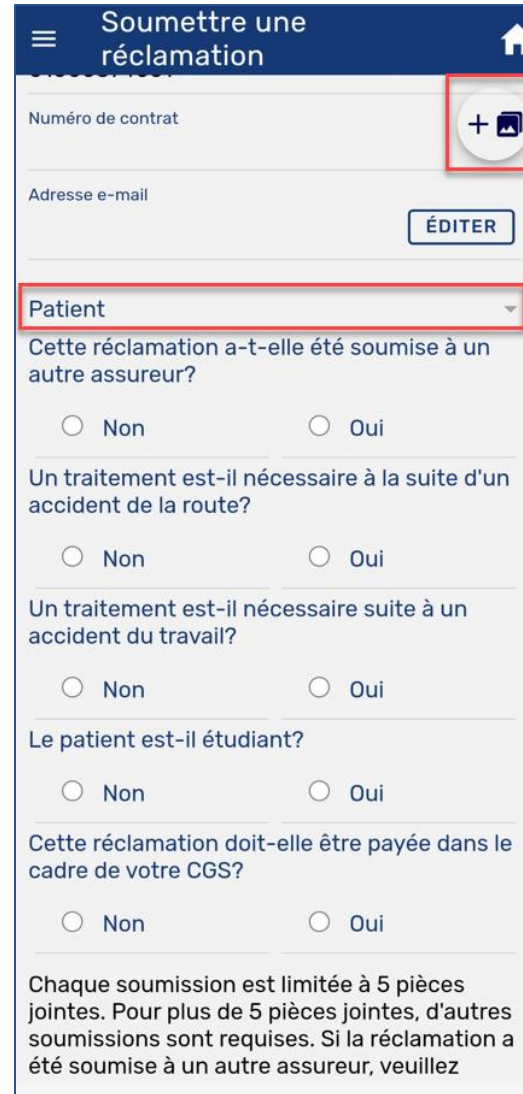
Is the patient a student?

☐ No ☐ Yes

Should this claim be paid under your HSA?

☐ No ☐ Yes

Each submission is limited to 5 attachments. For more than 5 attachments, further submissions are required. If the claim was submitted to another carrier, please attach



Soumettre une réclamation

Numéro de contrat

Adresse e-mail

Patient

Cette réclamation a-t-elle été soumise à un autre assureur?

☐ Non ☐ Oui

Un traitement est-il nécessaire à la suite d'un accident de la route?

☐ Non ☐ Oui

Un traitement est-il nécessaire suite à un accident du travail?

☐ Non ☐ Oui

Le patient est-il étudiant?

☐ Non ☐ Oui

Cette réclamation doit-elle être payée dans le cadre de votre CGS?

☐ Non ☐ Oui

Chaque soumission est limitée à 5 pièces jointes. Pour plus de 5 pièces jointes, d'autres soumissions sont requises. Si la réclamation a été soumise à un autre assureur, veuillez

In order to reimburse your claims quickly and efficiently, please ensure your pictures are clear and nothing is obstructing any pertinent information on the receipt.

Member Web Portal

When logging into the Web Portal, ensure that you are logging in as a “Plan Member”.



MDM Insurance

- Home
- Plan Administrators
- Plan Members**
- Consultants
- Providers

Welcome to MDM Insurance Services Inc. Online Access!

Please login* to our Member Services area in order to view your plan and claims information.

Login to Member Services

Client/Subscriber ID

☐ Remember My Access ID

Password



MDM Insurance

- Accueil
- Administrateurs du régime
- Membres du régime**
- Consultants
- Fournisseurs de soins de santé

Bienvenue à MDM Insurance Services Inc. Accès en ligne!

Veuillez vous connecter* à notre zone de services aux membres afin de voir votre plan et les informations sur les réclamations.

Connexion aux services aux membres

N° d'accès/d'identification

☐ Se souvenir de moi

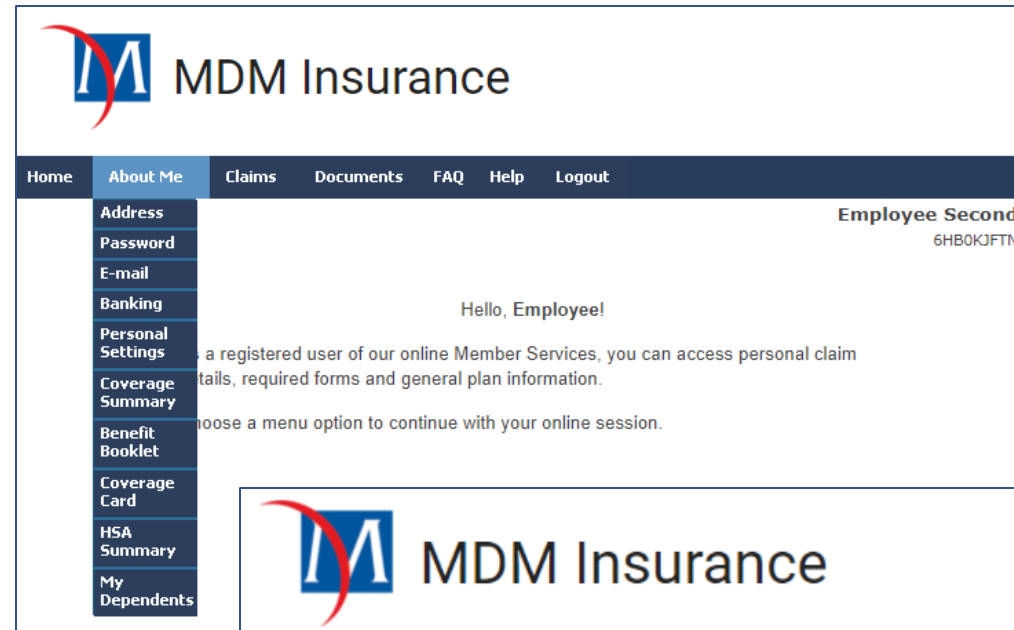
Mot de passe

Claims Submissions **Made Easy**

The **Member Portal** can be used to update personal information and view plan details under the “About Me” tab.

- Address
- Banking
- Beneficiary
- Coverage Summary
- PDF version of Coverage Card & Benefit Booklet

****** Any changes that affect coverage, including addition of dependents, cannot be completed online by the member and must be communicated to your Plan Administrator.



The **Member Portal** can be used to submit **Health** and **Dental** claims online



MDM Insurance

Home	About Me	Claims	Documents	FAQ	Help	Logout
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Health

Dental

Submit Claim

Submit Estimate

Employee Second
6HB0KJFTN

Hello, Employee!

As a registered user of our online Member Services, you can access personal claim details, required forms and general plan information.

Choose a menu option to continue with your online session.



MDM Insurance

Accueil	À propos de moi	Réclamations	Documents	FAQ	Aide	Déconnexion
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Santé

Dentaire

Soumettre une réclamation

Soumettre une estimation

Employee Second
6HB0KJFTN

ue, Employee!

En tant qu'utilisateur enregistré de nos services aux membres en ligne, vous pouvez accéder aux détails personnels des réclamations, aux formulaires requis et aux informations générales sur le régime.

Choisissez une option de menu pour poursuivre votre session en ligne.



MDM Insurance Services Inc.

Health Claims Submission **Made Easy**

The **Member Portal** can be used to submit Extended Health Care claims such as:

- Chiropractic
- Physiotherapy
- Registered Massage Therapy
- Optometrist
- Prescription Eyewear
- Prescription Drugs

If the practitioner or service is not listed on the website, please submit those claims via the app, email, fax or mail.

The screenshot shows the 'Select Service' page of the MDM Insurance Member Portal. The header includes the MDM Insurance logo and a navigation menu with links: Home, About Me, Claims, Documents, FAQ, Help, and Logout. The user is logged in as 'Employee Second' with ID '6HB0KJFTN'. The main heading is 'Select Service'. Below it, a message states: 'Your plan allows you to submit electronic claims for the following expenses. Select the type of claim you want to submit:'. A list of services with radio buttons is provided: Chiropractic, Physiotherapy, Registered Massage Therapy, Optometrist, Prescription Eyewear, and Prescription Drugs. A note at the bottom explains that if a service is not listed, claims must be submitted via email, fax, or mail, and a pre-filled form is available in the Documents menu. 'Cancel' and 'Next' buttons are at the bottom.

The screenshot shows the 'Sélectionnez le service' page of the MDM Insurance Member Portal in French. The header includes the MDM Insurance logo and a navigation menu with links: Accueil, À propos de moi, Réclamations, Documents, FAQ, Aide, and Déconnexion. The user is logged in as 'Employee Second' with ID '6HB0KJFTN'. The main heading is 'Sélectionnez le service'. Below it, a message states: 'Votre régime vous permet de soumettre des réclamations électroniques pour les dépenses suivantes. Sélectionnez le type de réclamation que vous souhaitez soumettre:'. A list of services with radio buttons is provided: Chiropratique, Physiothérapie, Massothérapie enregistrée, Optométriste, Lunettes prescrites, and Médicaments sur ordonnance. A note at the bottom explains that if a service is not listed, claims must be submitted via email, fax, or mail, and a pre-filled form is available in the Documents menu. 'Annuler' and 'Suivant' buttons are at the bottom.

Health Claims Submission **Made Easy**

When submitting an Extended Health Care claim you can either:

Enter a new practitioner

New Practitioner

Using your original receipts, enter your provider's information below. If you do not have the necessary information, check with your provider or send us a completed paper claim form.

When entering provider's name
Do not enter:

- titles, e.g. Dr., Doctor
- credentials, e.g. DC, RMT, PT
- business names, e.g. ZXC Company

Example: For Dr. Tom L. Jones DC, enter:

- First name: Tom
- Last name: Jones

General information
First Name: *
Last Name: *
Phone Number: *
(xxx-xxx-xxxx)
Licence Number: *

Address
Address (line 1):
Address (line 2):
City:
Province: **Select province** ▼
Postal Code: (A1A 1A1)

* mandatory entry fields

Nouveau Fournisseur

À l'aide de vos reçus originaux, entrez les informations de votre fournisseur ci-dessous. Si vous ne disposez pas des informations nécessaires, renseignez-vous auprès de votre fournisseur ou envoyez-nous un formulaire papier rempli.

Lors de la saisie du nom du fournisseur
Ne pas entrer:

- titres, par ex. Dr, Docteur
- identifiants, par ex. CC, RMT, TP
- noms d'entreprise, e.g. la compagnie ZXC

Exemple: Pour Dr. Tom L. Jones DC, entrez:

- Prénom: Tom
- Nom de famille: Jones

Informations Générales
Prénom: *
Nom de famille: *
Numéro de téléphone: * (xxx-xxx-xxxx)
Numéro de licence: *

Adresse
Adresse (ligne 1):
Adresse (ligne 2):
Ville:
Province: **Sélectionnez la province** ▼
Code Postal: (A1A 1A1)

* champs de saisie obligatoires

Select a practitioner you have previously claimed for

Provider

Select Provider ☐ Bob Bones
☐ Test test
☐ Test Test
☐ test 1 test 1
☐ Anne Smith

☐ New Provider

CancelNext

Fournisseur

Sélectionnez un Fournisseur ☐ Bob Bones
☐ Test test
☐ Test Test
☐ test 1 test 1
☐ Anne Smith

☐ Nouveau Fournisseur

AnnulerSuivant



MDM Insurance Services Inc.

Claims Submission **Made Easy**

Once you've entered or selected the provider, simply enter the claim information, verify and submit.

Chiropractic - Claim

Patient	Service Date (yyyy/mm/dd)	Procedure	Fee (\$)
Select patient ▼	2022 / 11 / 21	Acupuncture ▼	0.00

Has this claim been submitted to another carrier? ☐ Yes ☐ No

Is treatment required as the result of a Motor Vehicle Accident? ☐ Yes ☐ No

Is treatment required as the result of a work related injury? ☐ Yes ☐ No

COB Amount (\$)

Cancel Save

** If the expense was submitted to another carrier first, this is where the amount paid by the other carrier should be entered.

Chiropratique - Réclamation

Patient	Date d'entretien (aaaa/mm/jj)	Procédure	Frais (\$)
Sélectionnez un patient ▼	2022 / 11 / 21	Sélectionnez la procédure ▼	0.00

Cette réclamation a-t-elle été soumise à un autre Assureur? ☐ Oui ☐ Non

Un traitement est-il nécessaire à la suite d'un accident de la route? ☐ Oui ☐ Non

Un traitement est-il nécessaire suite à un accident du travail? ☐ Oui ☐ Non

Montant CDP (\$)

Annuler Sauvegarder

Dental Claims Submission **Made Easy**

For dental claims, search your dentist's name from our database. If your dentist is not listed, the claim must be submitted manually via the Mobile App, email, fax or mail.

Submit Claim

New Dentist

Using your original receipts, find your dentist. If you do not find the dentist, please submit your claim manually by mail, fax or e-mail.

To search for your dentist, select the province and enter the dentist's last name.

Province:

Last Name:

City:

Name	Office	Address	City	Postal Code	Phone Number
UNKNOWN DENTIST	0000			NON 0N0	

Soumettre une réclamation

Nouveau Dentiste

À l'aide de vos reçus originaux, trouvez votre dentiste. Si vous ne trouvez pas le dentiste, veuillez soumettre votre réclamation manuellement par courrier, fax ou courriel.

Pour rechercher votre dentiste, sélectionnez la province et entrez le nom de famille du dentiste.

Province:

Nom de famille:

Ville:

Nom	Bureau	Adresse	Ville	Code Postal	Numéro de Téléphone
UNKNOWN DENTIST	0000			NON 0N0	

Dental Claims Submission **Made Easy**

Once your dentist has been selected, enter the information requested on the screen. Procedure codes must have been given to you by your dental office in order to submit your dental claim online.

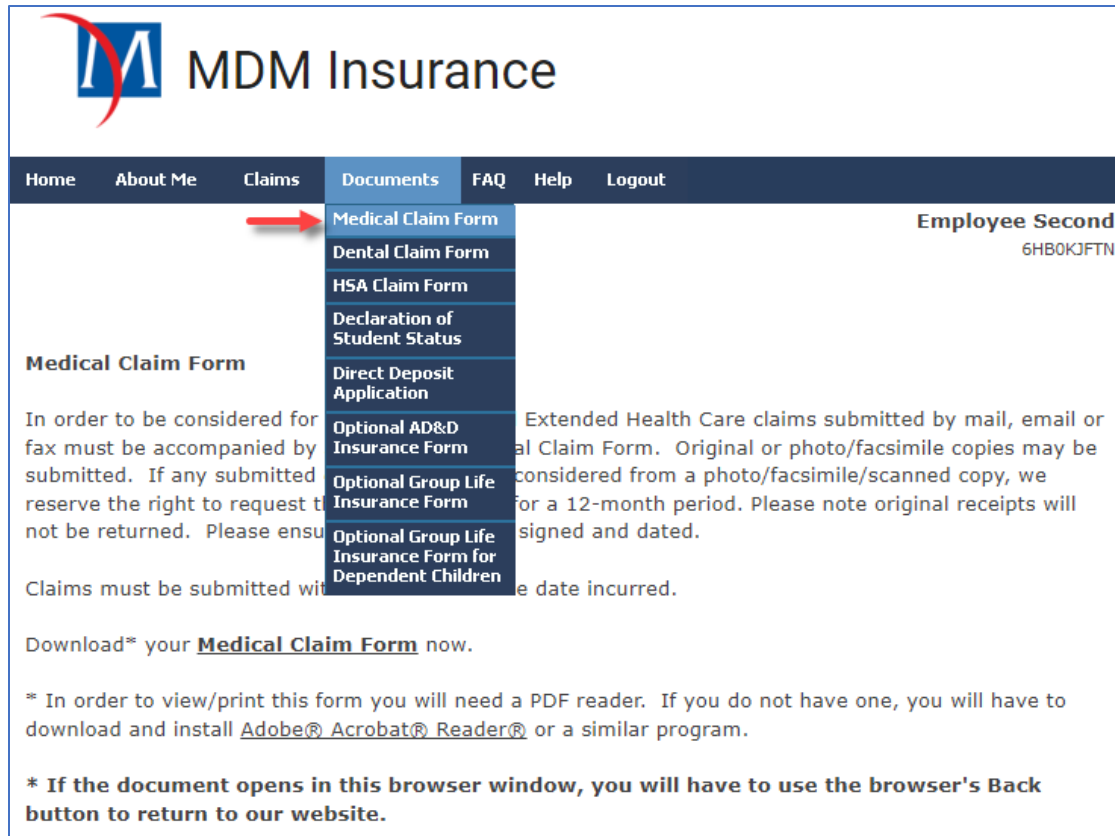
Patient	Service Date (yyyy/mm/dd)	Procedure	Tooth Code	Surface	Fee (\$)	Lab Fee (\$)	
Select patient ▼	2022 02 10	0	0		0.00	0.00	
Has this claim been submitted to another carrier?					☐ Yes	☐ No	COB Amount (\$)
Is treatment required as the result of a Motor Vehicle Accident?					☐ Yes	☐ No	
Is treatment required as the result of a work related injury?					☐ Yes	☐ No	
Cancel					Save		

If the expense was submitted to another carrier first, this is where the amount paid by the other carrier should be entered.

Patient	Date d'entretien (aaaa/mm/jj)	Procédure	Code de la dent	Surface	Frais (\$)	Frais de laboratoire (\$)	
Sélectionnez un patient ▼	2022 / 11 / 21	0	0		0.00	0.00	
Cette réclamation a-t-elle été soumise à un autre Assureur?					☐ Oui	☐ Non	Montant CDP (\$)
Un traitement est-il nécessaire à la suite d'un accident de la route?					☐ Oui	☐ Non	
Un traitement est-il nécessaire suite à un accident du travail?					☐ Oui	☐ Non	
Annuler					Sauvegarder		

Claims Submission **Made Easy**

For manual claim submission, in the **Member Portal** under the “Documents” tab, Claim Forms can be printed, scanned and emailed, faxed or mailed along with invoices/receipts for processing.



MDM Insurance

Home About Me Claims **Documents** FAQ Help Logout

Medical Claim Form

Employee Second
6HB0KJFTN

Medical Claim Form

In order to be considered for Extended Health Care claims submitted by mail, email or fax must be accompanied by a Medical Claim Form. Original or photo/facsimile copies may be submitted. If any submitted copy is not a photo/facsimile/scanned copy, we reserve the right to request the original. Please note original receipts will not be returned. Please ensure all receipts are signed and dated.

Claims must be submitted within 12 months of the date incurred.

Download* your **Medical Claim Form** now.

* In order to view/print this form you will need a PDF reader. If you do not have one, you will have to download and install [Adobe® Acrobat® Reader®](#) or a similar program.

* If the document opens in this browser window, you will have to use the browser's Back button to return to our website.



MDM Insurance

Accueil À propos de moi Réclamations **Documents** FAQ Aide Déconnexion

Formulaire de réclamation médicale

Employee Second
6HB0KJFTN

Formulaire de réclamation médicale

Afin d'être prises en considération pour les demandes de remboursement de soins de santé complémentaires soumis par voie postale ou par télécopieur doivent être accompagnées d'un formulaire de demande de réclamation médicale rempli. Des copies originales ou photo/télécopie peuvent être soumises à condition qu'elles aient été prises en compte à partir d'une photo/télécopie/copie numérisée, nous ne demander le reçu original pour une période de 12 mois. Veuillez noter que les documents ne seront pas retournés. Veuillez vous assurer que le formulaire est signé et daté.

Les réclamations doivent être soumises dans un délai de 6 mois à compter de la date d'achat ou de service.

Téléchargez* votre **Formulaire de réclamation médicale** maintenant.

* Pour visualiser/imprimer ce formulaire, vous aurez besoin d'un lecteur PDF. Si vous n'en avez pas, vous aurez pour télécharger et installer [Adobe® Acrobat® Reader®](#) ou un programme similaire.

* Si le document s'ouvre dans cette fenêtre de navigateur, vous devrez utiliser le bouton Précédent du navigateur pour revenir sur notre site Web.

**** For Health Spending Account, please use the HSA Claim Form**



MDM Insurance Services Inc.

MDM Hours of Operation

Bilingual Call Center

8:00 am. – 8:00 pm. ET.

Monday – Friday

Phone: 1-800-838-1531

Fax: 519-836-4909

inquiry@mdm-insurance.com