



PROCESS TO SUBMIT FORMAL NOTICE OF CASE REVIEW

If you do not agree with a decision that has been made by Saskatchewan Blue Cross with regard to your claim for Weekly Indemnity or Long Term Disability Benefits, there are two levels of case review available.

At each level of case review, you should include new clinical evidence from medical providers, a written statement of your circumstances and your basis for the request to have your file reviewed.

LEVEL 1- Evaluation of case review information by a panel of Disability Claims Professionals and a Medical Consultant.

- Notice of Case Review must be submitted to Saskatchewan Blue Cross within 30 days from the date of first written denial.
- Any information that was not previously reviewed must be submitted within 90 days of our written Level 1 decision.
- A written decision will be provided within 30 days of receipt of all information.

LEVEL 2 (Final Level of Case Review) – Evaluation of case review information consisting of a panel of a Senior Case Manager or Manager of Case Management Services from Blue Cross Life Insurance Company of Canada Corporate Office, Medical Consultant, and any other representative the panel deems appropriate.

- Notice of Case Review must be submitted to Saskatchewan Blue Cross within 30 days from the date of first denial at Level 1.
- All new information that was not previously reviewed must be submitted within 90 days of our written Level 1 decision.
- A written decision will be provided within 30 days of receipt of all information.

If you have any questions regarding the review process please contact your case manager

At each level of case review new information or basis for the review should be provided

NOTICE OF CASE REVIEW

Claimant Name _____

Contract Number _____

Group Number _____

I hereby file notice of my intention to have my file reviewed because of the denial of my claim for:

___ Weekly Indemnity Benefits

___ Long Term Disability Benefits

The basis for my file review is:

___ Provision of new medical information – *Please list below what information will be provided on your behalf.*

___ Other – a written statement of circumstances – *Please indicate below or on an attached sheet.*

I have read and understand the review process outlined on the enclosed sheet. I understand that it is my responsibility to provide Saskatchewan Blue Cross with all new and relevant information for each level of case review within the time frames indicated.

Dated at _____ the _____ day of _____ 200_____.

Signed: _____