




# Dental Provider Claiming Procedures for Status Member and Dependents

## *Non-Insured Health Benefits (NIHB) Exclusion*

The following will help clarify the Dental claims submission process for Status Employees under the First Nations Insurance Services Limited Partnership Group Benefits Plan.



MEMBER NAME  
STREET ADDRESS  
PO BOX / RR  
CITY / PROVINCE / POSTAL CODE

**This plan excludes benefits covered by NIHB**

Policy No: 123456-00 Effective Date: 2014-01-01

ID Number	Birthdate	Name
00012345600	1970-01-01	MEMBER NAME
00012345601	1970-01-01	DEPENDENT NAME
00012345602	1970-01-01	DEPENDENT NAME
00012345603	1970-01-01	DEPENDENT NAME

For information call toll-free 1-800-873-2583

## *Dental Submissions for Status Members and Status Dependents*

Dental providers are to submit to NIHB first. Rejected services are submitted to Saskatchewan Blue Cross in one of the following ways:

- Dental provider submits rejected services directly to FNISLP or to Saskatchewan Blue Cross by mail for adjudication along with the NIHB Explanation of Benefits.
- Member submits rejected services to FNISLP or Saskatchewan Blue Cross by mail, Group Member Portal, Group Member App along with the NIHB Explanation of Benefits.

## *Dental Submissions for Non-Status Dependents*

- Non-status dependent services are sent directly to FNISLP or Saskatchewan Blue Cross by provider or member manually.