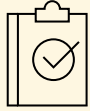


Sun Life Connect eClaims User Guide

eClaims is a free, easy-to-use service for certain providers with a Sun Life Connect account.

Follow this step-by-step guide to setup eClaims and submit a claim.





In order to setup eClaims, you will need to have registered for a Sun Life Connect (SLC) account.

During the SLC registration process, you will provide information about your role at the practice, business information and what specialties your facility offers.

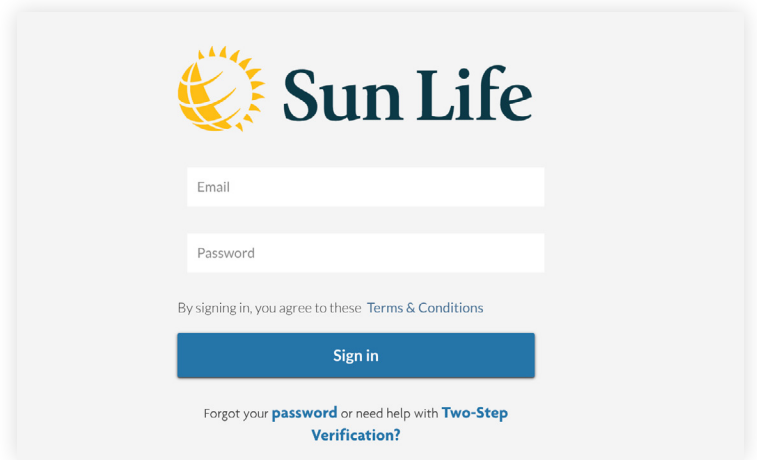
Providing this information will confirm what features are available to your facility in SLC, which includes eClaims and Provider Search. eClaims and Provider Search are free services and will be automatically added to your SLC account if you're eligible.

Eligibility is determined by your specialty. If you have questions about your eligibility, please contact us at provider.search@sunlife.com or call us at **1-800-619-8835**.

Setting up eClaims


Step 1

Log in to your [Sun Life Connect](#) account.




Step 2

Click on the banner on the homepage to begin the quick and easy setup for eClaims.



Set up eClaims

Get direct billing for your patients to help them save on out of pocket costs.

[Continue](#) 

Step 3

You'll need a few pieces of information to set up eClaims:

- First, ownership information, such as the name of who the business is owned by – be it either a single owner, multiple owners or a corporation.
- Second, ownership details (including the registered business number).
- And lastly, banking information for direct deposit. You can upload a bank issued, pre-printed void cheque or a direct deposit form.
 - Make sure it clearly displays the name and address of the account holder, transit number, financial institution number and account number.

Ownership information

The business is owned by a single owner, or multiple owners if applicable.

The business is owned by a corporation.

Corporation information

Corporation

Business number

Provide banking information

Please provide us with a bank-issued, pre-printed void cheque or direct deposit form for this account. Make sure it clearly displays the following:

- The name and address of the account holder
- Transit (branch) number
- Financial institution number
- Account number

Your attachment must be clear and readable. Make sure your file is in an approved format (.jpg, .png, .pdf) and less than 3MB in size.

Step 4

Once you've provided this information, you can add further details about the providers who work at your facility so that they can be set up on eClaims.

eClaims information should be for the account where you would like claims payments to be paid to.

And just like that, your work is all done.

As soon as we receive your completed information, we'll begin our eClaims validation process.

License details

Add license details for each specialty. If a specialty type is not on the list, make sure to add it using *Add another specialty*.

First name* Last name* Salutation

Specialty*	License number*	License issuer*	Province*	Action
<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Select"/>	Delete

Features*

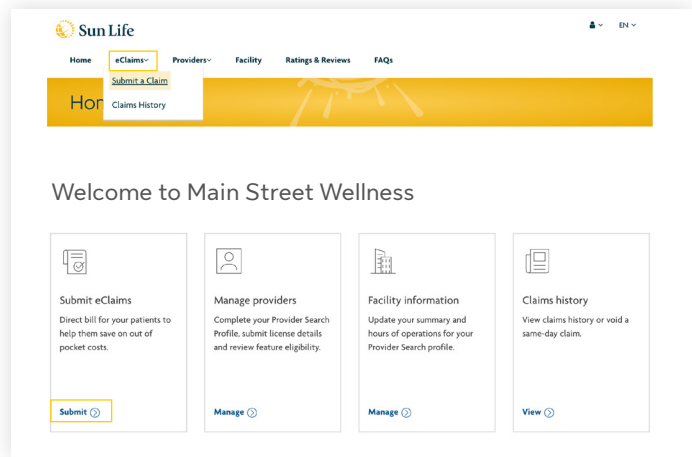
eClaims

Provider Search profile

Submitting a claim


Step 1

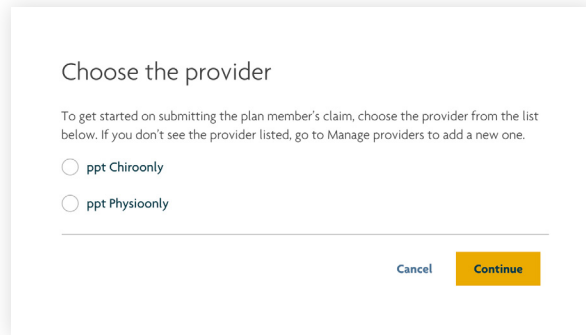
After logging in to SLC, click **Submit a Claim** under **eClaims** at the top of your screen or click **Submit** on the **eClaims** box.



Step 2

Choose the provider that performed the service.


 **Tip:** If more than one provider performed services on a single client, submit separate claims for each provider.

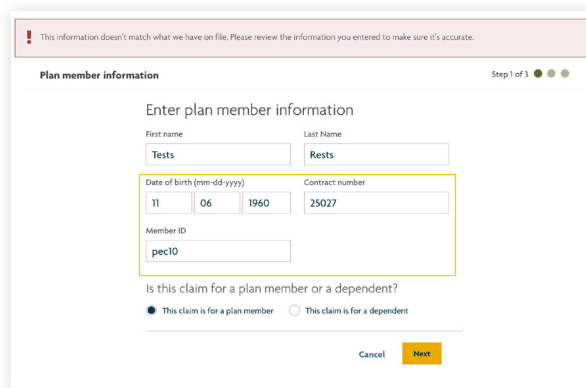
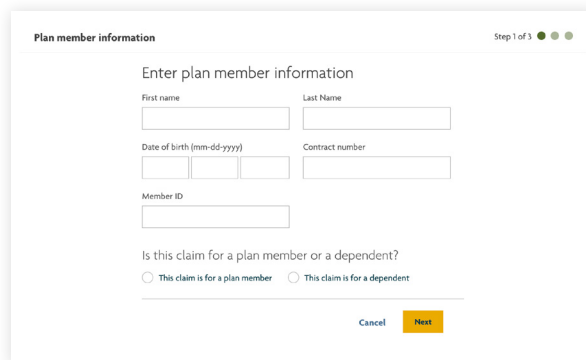


Step 3

Enter all required information for the plan member, including:

- Contract/Policy number (up to 6 numeric digits)
- Member ID/Certificate number (alphanumeric)
- Choose who received the service(s):
 - Plan member
 - Dependent (spouse, children)

 **Tip:** You must enter member information (date of birth, contract # and member ID) correctly on the **Plan member** information page or you'll see an error.



Step 4

If the plan member has coverage under another benefit plan (such as their spouse's), coordination of benefits will apply. Click the information (i) button for more details.

There are three potential scenarios for coordination of benefits:

- **Scenario 1:** The claim has not been submitted and processed under another plan. The other plan **is not** a Sun Life plan.
- **Scenario 2:** The claim has not been submitted and processed under another plan. The other plan **is** a Sun Life plan and the plan member wants to submit the remaining amount. Enter all of the required information for the other plan.
- **Scenario 3:** The claim has already been submitted to another plan and processed.

Continue plan member claims submission


Is the plan member covered under another benefits plan? ⓘ
 Yes No


Has this claim already been submitted and processed under the other plan?
 Yes No

If the other benefits plan is with Sun Life, would the plan member like to submit the remaining amount? ⓘ
 Yes No

Step 5

Enter all of the required information for any dependents. Depending on the dependent's coverage situation, multiple options are available.

 **Tip:** If a dependent is covered under more than one plan, submit claims to the primary plan first. Claims submitted to the secondary plan first will be declined.

 **Tip:** If dependent children are covered under a second plan that is not a Sun Life plan, submit claims under the member's/parent's plan whose birthday occurs earliest in the year. The parent's plan whose birthday occurs later will become the secondary plan. If you try to submit a claim to the secondary plan first, an error message will appear that prevents you from submitting the claim.

Enter other plan member's details

First name Last Name

Contract number Member ID

Date of birth (mm-dd-yyyy)

[Cancel](#) [Next](#)

Step 6

Fill in details about the service location and confirm if the claim was to treat an injury caused by a workplace accident.

Claim information

Enter the details below to fill out the claim.

Service location

Was this injury caused by a workplace accident?

Yes No

Step 7

Choose the service provided from the expense type drop-down menu.

Enter the service date either manually or by using the calendar icon. This date has to be within the last 30 days.

Enter the duration in minutes or units.

Enter the cost minus any gratuity. Use a period (.) to separate dollars and cents, not a comma (,).

If there is more than one service from the same provider, select **Add a new expense** and repeat as needed. You can't add expenses of the same type under a new line. You must combine them under one line. For example, enter two physiotherapy services of 60 minutes for \$60 each as one physiotherapy service of 120 minutes for \$120.

Click **Remove** to delete an expense line.

If you confirmed that the claim has already been submitted to another plan and processed in the previous steps, then you'll see a box to enter the amount paid by the other plan.

Add expense to claim

Make sure all expenses claimed were provided today.

Expense type

Duration [mins. (eg. 60)]	Service cost	Total cost	
<input type="text" value="60"/>	<input type="text" value="\$ 80"/>	\$80.00	

Expense type

Duration [mins. (eg. 60)]	Service cost	Total cost	
<input type="text" value="45"/>	<input type="text" value="\$ 100"/>	\$100.00	Remove

Expense type

Unit	Cost per unit	Total cost	
<input type="text" value="1"/>	<input type="text" value="\$ 30"/>	\$30.00	Remove

Step 8

A prescription information box will appear only if the expense type selected requires a prescription or doctor's referral. Otherwise, this will not appear, and you won't need to provide information for it.

If no prescription is available, select **No**, and then **Next**.

If prescription information is available, select **Yes**, fill out the required information and then **Next**.

The screenshot shows a form titled "Prescription information" with a yellow header. It asks "Is the plan member submitting a prescription with this claim?" with radio buttons for "Yes" (selected) and "No". Below is a dropdown menu for "Prescription issued by:" with the text "Please choose". There are three input fields: "Prescribing practitioner", "License number", and "Prescription issue date" (with a calendar icon). At the bottom right are "Cancel" and "Next" buttons.

Step 9

You will now be able to review all the information you've entered. Take a moment to ensure all the information is accurate and correct. Click the **Edit** button to make any corrections.

The submitted amount that appears is based on the sum of all services being claimed.

Terms and conditions are at the bottom of the page. By clicking **Submit**, you agree to the terms and conditions listed.

The screenshot shows a "Review" page with a white header. It displays the following information: Date: 08-17-2021; Provider name: PPT-NATUROONLY; Member name: Dotst Letmw; Date of birth: 08-22-1964; Member ID: pec01; Contract number: 025027. There are two columns of details: "Expense details" (Service location: In Clinic, Was this injury caused by a workplace accident?: No, Expense type: Massage therapy visit, Duration (minutes): 60, Service cost: \$130.00) and "Prescription details" (Prescribing practitioner: DR. MD, License number: 1234, Prescription date: 08-01-2021). At the bottom, a yellow box displays "Submitted amount: \$130.00".

The screenshot shows a section titled "By submitting this claim, I certify that:" with a list of bullet points. The first three points are: "I'm an authorized user and the information is true and complete.", "all services and supplies have been received by the plan member or their dependent(s), as claimed, and have been provided by qualified health-care providers in good standing with the applicable college or association.", and "the plan member signed the Consent and Assignment of Benefits Form (the 'Consent') and specifically agreed to:". The next three points are: "the collection, use and disclosure of personal information by Sun Life, its agents and service providers with relevant persons and organizations for the purposes set out in the Consent. Such purposes include assessing, paying and auditing claims as well as investigating any suspected fraud or plan abuse;", "the electronic submission of their claims; and", and "the assignment of benefits to the practice or independent health-care provider.". The final two points are: "A copy of the Consent is in the plan member's or dependent's file." and "I have asked about other coverage information from the plan member or dependent and submitted this claim net of all rebates, discounts and amounts paid under another benefit plan, according to the Canadian Life and Health Insurance Association guidelines on coordination of benefits. This claim has not been previously paid for by this or any other plan.". The last point is: "the banking information for this account remains accurate." and "I will cooperate with any audits of electronic claim submissions and I understand that any false, misleading or inaccurate information could cause Sun Life to revoke access to eClaims and take any other steps necessary to recover overpayments and other losses.". At the bottom right are "Cancel" and "Submit" buttons.

Step 10

On the claim confirmation page, you'll see the status of the submitted claim.

The **Claim Control Number** is a unique number assigned to the submitted claim.

Under **Total paid to provider**, you'll need to subtract the total submitted amount from the total amount paid to provider. Collect the difference from the plan member.

If client requests a receipt, you can use the **Print English/French receipt** button

Under **Insurer's notes**, you can see any messages from Sun Life to the customer or yourself related to the claim

Pending claims

There are a small number of claims that 'pend'. This means that they haven't been processed and require further review by Sun Life. Claims can pend for a number of reasons, including:

- The patient's plan has a special instruction that requires review
- The patient's plan doesn't allow for eClaim
- Or a possible duplicate was flagged

You'll know a claim has been pended if you see at the top of the confirmation page a note indicating that the claim was received and not yet processed.

It's important to note that if a claim is pended and eventually processed, the payment will go to the plan member and not the provider.

Special scenario: No assignment of benefits

Certain plans don't allow assignment of benefits, meaning plan members need to pay the provider directly. Sun Life will then reimburse the plan member for any covered amount.

You can still submit claims for plans with no assignment of benefits. However, the **Total paid to provider** will be \$0 and an **insurer note** will appear at the bottom stating that payment will be issued to the plan member instead.

Confirmation

Success – claim has been processed.

CLAIM CONTROL NUMBER: 170821-AAB32-00 Date Submitted: August 17, 2021 CPN: 2021081702708036

Claim for: Dotst

Total paid to provider:
\$104.00
Amount not paid by Sun Life: \$26.00

[Print English receipt](#)
[View French receipt](#)

Contract details:
Plan member: Dotst Letmw
Contract number: 025027
Member ID: pec01

Facility details:
Provider name: PPT NATUROONLY
Facility name: TWO SPECIALTY CLINIC

Claim details

Line	Date	Service description	Note(s)	Submitted amount	Eligible amount	Deductible amount	Duration/Unit	Total paid
1	August 17, 2021	Massage therapy visit		\$130.00	\$130.00	\$0.00	60	\$104.00
Total				\$130.00	\$130.00	\$0.00		\$104.00

Insurer's notes

588 Many expenses from your practitioner can be grouped according to the type of service provided, to ensure correct reimbursement. Due to the grouping of expenses, the number of detail lines on your Claim Statement could be fewer than the description of the actual number of services submitted for reimbursement by the practitioner. Therefore, the statement you received from your practitioner may appear to be different from your Claim Statement. The total dollar amount of the expenses claim will be the same on both statements.

[Done](#)



Tip: Remind your clients you have submitted the claim on their behalf, so that they don't need to. If they submit a duplicate, it will be declined.



Tip: Don't forget to collect full payment from your client.

Confirmation

Claim has been received, but not yet processed.

Claim control number: 081025-AAA29-00 Date Submitted: October 08, 2025 CPN: 2025100802906363

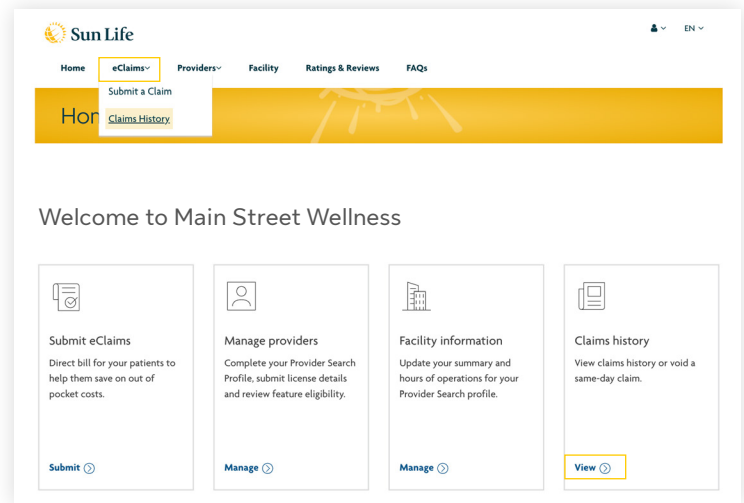
Claim for: CHFLORONT

Seeing your claims history

You can access reporting by selecting:

Claims History from the top menu OR

View under the Claims History option boxes in the middle of the screen.



Claims history lookup basics

Sun Life Connect retains data from the current month plus two months prior.


You can search by:


1. Control Number
2. Deposit ID
3. Amount Submitted
4. Date Range
5. Provider

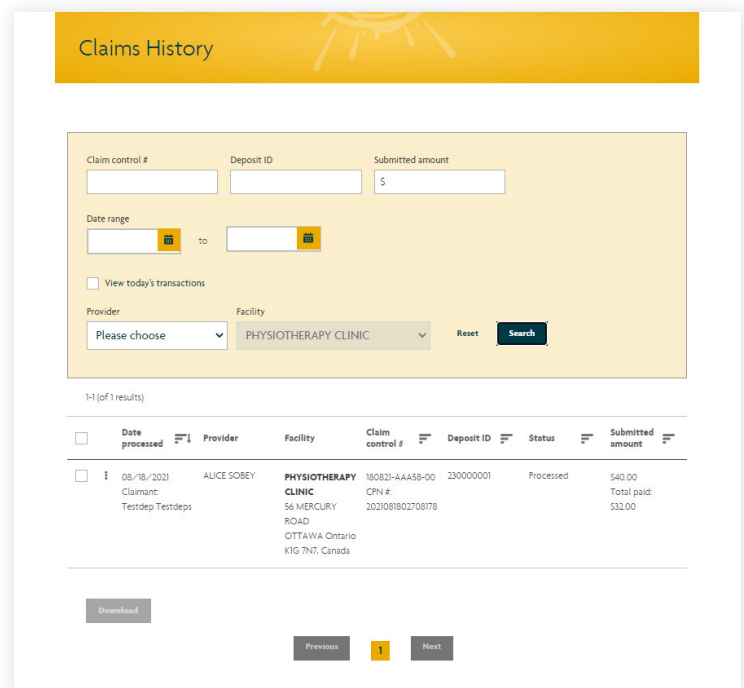
Select **Search** to generate results.

You can sort and filter your results by the headings.

To **void** a claim, click the three dots next to check box then select **void claim** from the drop-down menu. You can only void claims on the same day it is submitted.

 **Tip:** Select the three dots next to any claim to print a receipt.

 **Tip:** Download several claims by selecting the boxes and choosing download at the bottom of the page.





Coverage and claims support



1-855-301-4786

Group Benefits are provided by Sun Life Assurance Company,
a member of the Sun Life group of companies.