



DHW DENTAL BULLETIN

While GreenShield's operations are not impacted by the Canada Post work stoppage, we appreciate that some dental offices rely on Canada Post to submit claims and or receive payments for services. As the administrator for the Department of Health & Wellness's dental benefit programs, GreenShield would like to remind you of the different methods available to you to submit claims (other than mail), to prevent delays in claims processing during the Canada Post work stoppage. We also want to provide you with the steps to sign up for direct deposit to prevent delays in payments.

Supporting Your Office and Servicing Clients

Online claim submissions:

As always, GreenShield's fully operational online services are available to support you every day. If you are currently not using electronic means to submit your claims, we encourage you to do so to prevent delays in claims processing. This can be done with ease through either CDANet by using your dental software or through providerConnect™.

How to Submit Claims Through providerConnect™

- If you are not already registered for providerConnect™ but you are registered with the CDANet, you can request a registration key by calling GreenShield at 1-833-739-4035.
- A representative will assist you in obtaining instant access to providerConnect™.
- Once registered, you will be able to submit claims/predeterminations for immediate processing, have access to view statements, and sign up for Electronic Funds Transfer to get your money back faster.

How to Submit Items That Cannot be Submitted Through Your Dental Software

This option is commonly used for items like hospital premiums, assistant fees, Exceptional Circumstance Request packages and Frequency of Benefits requests.

- From the home page, click on “What You Need”, then the “Send A Form or Document” option.
- Once the form populates, select Green Shield Canada under the first drop down labelled as “Send Form or Document to”.
- Under the second dropdown, select the option for “Dental Nova Scotia Government”.
- The rest of the form can be populated with the appropriate information.

Home Provider Registry **Secure Services** What You Need About Us Contact Us

Welcome to providerConnect™!

providerConnect is a web-based portal for health care providers offered in partnership with the following participating health and dental benefit Carriers/Adjudicators/Third Party Payors.

*for Dental Benefits only *for Extended Health Services only MÉDIC Construction (Green Shield Canada) *for Dental Benefits only

The easier (and free!) way to submit your claim. Sign up today:

ARE YOU A NEW HEALTH CARE PROVIDER AND NEED TO APPLY TO REGISTER FOR THE PROVIDER REGISTRY?

[Pharmacy Application](#)
[Health Professional Application](#)
[Non-Health or Accommodation Application](#)
[Dental Provider](#)

ALREADY REGISTERED AND NEED TO ACTIVATE YOUR providerConnect SECURE SERVICES ONLINE ACCOUNT?*

Enter Registration Key

*If you're already submitting claims to one of the Participating Carriers/Adjudicators/Third Party Payors, then you are already registered for providerConnect. You may have received a registration key by email or regular mail.

Already registered?

SIGN INTO YOUR providerConnect SECURE SERVICES ONLINE ACCOUNT

Sign In

providerConnect

Home Provider Registry Secure Services **What You Need** About Us Contact Us

Sending A Form or Document

* Indicates a mandatory field.

Use the drop down below to select who is to receive an attachment:

Send Form or Document to: **Green Shield Canada**

Form or Document: **Dental Nova Scotia Government**

Provider Number:

Provider Name:

Telephone Number:

Email Address:

Claim Form ID:

Plan Member ID:

Patient Last Name:

Patient First Name:

Attach form or document * (Overall maximum per submission is 24 MB)

1. ☐ Choose File No file chosen

2. ☐ Choose File No file chosen

3. ☐ Choose File No file chosen

Additional Information: (Limit 1000 characters) Counter: 0

☐ I'm not a robot

By submitting this form or document, I acknowledge I have written authorization to submit personal information to the Carrier/Adjudicator/Third Party Payor, and for the Carrier/Adjudicator/Third Party Payor to exchange information with other parties as required and only when the information is needed to administer and/or to confirm the accuracy of the information in the form or document. I agree the information provided is complete and accurate, to the best of my knowledge.

Submit **Cancel**

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providerConnect is committed to privacy and providing accessible information and accommodations. If you require an accessible version of this form or support to use this site, or if you have any feedback on how we can make this site more accessible for people with disabilities, please call 1-800-387-3873 or contact info@providerconnect.ca

LEGAL PRIVACY SECURITY

If you are logged into providerConnect™, you would access the form from the left menu:

Secure Services Home
View Statements and Payments
Claims Information
Claim Submission
Dental Authorization Submission
Reverse Claim
Claim Submission Report
Forms
Send A Form Or Document
Dental Plan Breakdown
Direct Deposit
My Profile
Provider Contact Information
Team Management
Help & News
Contact Us

Direct Deposit:

Signing up for direct deposit will prevent delays in payments during the Canada Post Work Stoppage and beyond.

HOW TO SIGN UP FOR DIRECT DEPOSIT

Once you are logged into providerConnect™, click on Direct Deposit in the menu on the left side of the page and select the tick box for gsc (first option below).

providerConnect™

Change Provider/Location Sign Out Français

Current Provider: DR G ADVANTAGE | General Practitioner/Dentist | C/O PROVIDER RECORDS | N9A6W1

Signed In As: support@providerconnect.ca

Secure Services Home

View Statements and Payments

Claims Information

Claim Submission

Dental Authorization Submission

Reverse Claim

Claim Submission Report

Forms

Send A Form Or Document

Dental Plan Breakdown

Direct Deposit

My Profile

Provider Contact Information

Team Management

Help & News

Contact Us

Direct Deposit

The Secure Services site ensures that your business and financial information is handled with care. Any transactional information transmitted between you and our system is secure and cannot be read by anyone else.

To determine your electronic date of deposit and view payment schedules, [click here](#).

Your Direct Deposit payments are issued in Canadian dollars. Any payments in U.S. currency, if authorised, will be issued by cheque.

Your direct deposit information is not shared across all carriers. You are responsible to update the information for each grouping of carriers below.

Please select from the applicable groupings of Participating health and dental benefits Carrier/Adjudicators and Third Party Payors below:

☐ gsc
green shield canada

☐ SSQ
insurance

☐ RBC Insurance

☐ AUTUMNE ROCHER
MEDIC CONSTRUCTION

☐ canada life

Complete the online form and click on submit.

The screenshot displays the 'Current Bank Account Information' form on the providerConnect website. The left sidebar contains navigation links: Claims Information, Claim Submission, Dental Authorization Submission, Reverse Claim, Claim Submission Report, Forms, Send A Form Or Document, Dental Plan Breakdown, Direct Deposit, My Profile, Provider Contact Information, Team Management, Help & News, and Contact Us. The main content area is titled 'Current Bank Account Information' and includes a note about direct deposit and a table for bank information. Below the table is a section for email notifications and a 'Submit' button.

Current Bank Account Information

NOTE: If you currently receive payment by Direct Deposit and would like to revert to payment by check, you must contact each Participating Carrier/Adjudicator/Third Party Payer outlined in Schedule A within your Agreement.

Transit Number:	N/A
Bank Number:	N/A
Account Number:	N/A

E-Mail Statement Notification: ☐ No ☐ Yes I do not wish to receive an email notice as new statements are available. I will access my statements as needed through this website.

Update Bank Account Information

If your bank account information will be changing in the future, you can enter the future bank account information in this section and specify an effective date. On the effective date specified, the new bank account information will replace the current bank account information.

I authorize you to deposit funds directly into this bank account. I understand that I will no longer receive benefit statements in the mail. My statements will only be available online.

Transit Number **Bank Number** **Account Number**

☐ Yes I wish to receive an email notice as new statements are available.
☐ No I do not wish to receive an email notice as new statements are available. I will access my statements as needed through this website.

Effective Date: (Effective date must be at least 1 day in the future)

☐ I request that my banking information be hidden in providerConnect Secure Services. I understand that once this is hidden on providerConnect, any future changes to my banking information must be done by providerConnect.

NOTE: You will require Adobe® Acrobat® Reader® to view your statements.

Direct Deposit Agreement

☐ Check this box to confirm that you authorize that your payment method is Direct Deposit for all Participating Carriers/Adjudicators/Third Party Payers outlined in Schedule A within your Agreement.

Submit

Customer Support:

If you require assistance with registering, submitting claims or signing up for EFT through providerConnect™, our contact center is available to assist you Monday–Friday from 8:30 am to 4:30 pm (AST), by calling 1-833-739-4035.