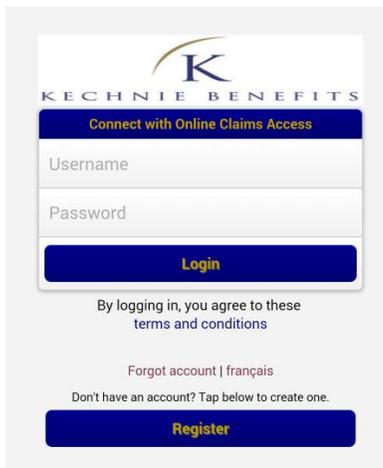


Kechnie Benefits

Mobile Claims Quick Reference Guide



The **power** to access your benefits information easily and securely. **Anytime. Anywhere.**



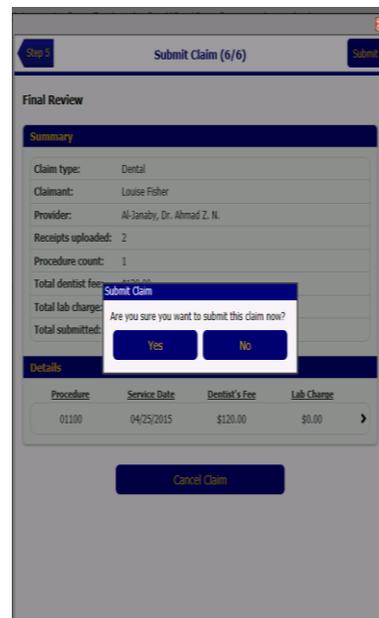

HOW TO USE KECHNIE BENEFITS **MOBILE CLAIMS**

1. Connect using your Kechnie Benefits *Online Claims Access* username and password. ****Please note: a Blackberry® device cannot be used to access the Kechnie Benefits Mobile Claims App but can be used to access Kechnie Benefits Online Claims Access (kechnie.onlineclaimsaccess.net)**
2. If you're a first-time user, register at kechnie.onlineclaimsaccess.net. You will need the information on your insurance/group benefits card to complete registration. If you don't have your insurance card, you can get the relevant information from Kechnie Benefits.
3. Your profile, including address and direct deposit information, is automatically generated by the application and can be accessed by clicking the **Profile** button. You can update your banking information, but only Kechnie Benefits can correct other details, such as your date of birth.



HOW TO SUBMIT A CLAIM

1. Click on the **Submit Claims** button on the **Home** page. (You can also click on the **Claims** button at the bottom of the screen.)
2. Select the **Claim Type**: dental, drug, health, hospital, vision.
3. Select the **claimant**.
4. Select an existing service provider or add a new service provider by clicking on the **Plus (+)** sign.
5. If you opt to add a new service provider, you will have to add the practitioner's address and contact details.
6. If you have not taken a picture of your receipt, do so now by clicking on the **Camera Icon**. Otherwise select the existing picture from the **Album**. For optimal results, make sure that you have sufficient lighting when taking the picture and that the receipt is displayed on a flat surface. Once done, verify that the picture is clear and in focus.
7. Fill in the procedure details, date, fee, etc. Click on **Done**.
8. Your claim should now be complete. This is your final opportunity to review the claim, make any changes or even cancel the submission.
9. If everything is correct, click on **Submit** in the top right corner.
10. Once submitted, you will see a Confirmation screen.



Procedure	Service Date	Dental's Fee	Lab Charge
01100	04/25/2015	\$120.00	\$0.00

Coverage Status ▼

Dental: Family
 Drug: Family
 Health: Family
 Hospital: Family
 Vision: Family

Coordination of Benefits ▶

Benefit Balance ▶

HOW TO VIEW COVERAGE

1. Click on the **Coverage** button
2. Choose your option from three tabs: **Coverage status**, **Coordination of Benefits** or **Benefit Balance**.

HOW TO VIEW BENEFIT BALANCE

1. Click On the **Coverage** button.
2. Click on **Benefit Balance**.
3. Click on **Health**, or **Vision** if applicable) to see the remainder of your benefit coverage for the year.

The balance shown here is based on yesterday's claim history and for information purpose only. It does not mean your next claim can be paid up to this amount. It depends on other constraints from your benefit plan and the time of adjudication.

Claimant: Keneth Spence ▼

Health ▶

Vision ▶

The balance shown here is based on yesterday's claim history and for information purpose only. It does not mean your next claim can be paid up to this amount. It depends on other constraints from your benefit plan and the time of adjudication.

Claimant: Keneth Spence ▼

Health ▼

Massage Therapists:
\$345.00 available until 12/31/2013

Chiropractor:
\$470.00 available until 12/31/2013

Vision ▶

Recent Claims

Procedure	Service date	Submitted	Payable	
01204	04/15/2015	\$65.00	\$52.00	1
11112	11/02/2014	\$110.00	\$0.00	1
00001	03/31/2015	\$20.00	\$16.00	1

P - Paid R - Rejected I - In Progress

HOW TO ACCESS CLAIMS HISTORY

1. Click On the **Claims** button.
2. Click on **Recent Claims**. A list of your claims history will be displayed.

HOW TO ACCESS YOUR CARD

1. Click On the **Settings** button.
2. Click on **Insurance Cards**.
3. Click select **Electronic Dental** , or **Electronic Drug**. Your card will be displayed on the screen. You can rotate or flip the card.

Kechnie Benefits

DENTAL: **CARRIER** **GROUP NO.** **CLIENT ID**
 628151 Your Grp # Your Certificate #

Employee: Last name, First name
Employer: Your Employer

For coverage & claim inquiries, please call:
Kechnie Benefits, 1-866-710-7080

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