Green Shield Users

Comments About Paramedical Claims and Issues

132 User Comments

NOTE: These comments reflect the opinions of individuals, and their description of services and terms reflect their perceptions. Always check with the provider as to the terms of coverage. EHC Survey gave users an opportunity to comment if they had problems with claims for vision, hearing and medical equipment. These review comments are background information, and do not necessarily represent the opinion of the BCRTA. All comments in these survey results are unedited, except for a few redactions of comments that could be viewed as libellous to individuals or blatantly incorrect.

I am in the process of making claims but the questions do not allow for that so must say no.

Huge problems when my massage therapist closed one business and opened under a new name and address. Even after I followed all the instructions for entering her new info and she phoned several times to register her new address and business name it was not corrected online. I had to make over 5 calls about this problem. Even to this day both her businesses still come up online in the claims section even though her previous business has not existed for two years. Also Greenshield recovered money from my car accident settlement but has not adjusted my life time usage to reflect money they took back.

Benefits booklet does not outline or explain payments. Was in for a big shock that a podiatrist appointment included a \$5.00 co pay fee and covered only \$20. of a \$65. treatment. Apparently if you are poor or single, MSP may cover some of that cost also.

Booklet said simply call for more information.

Whatever their max is, it does not cover 80% of fees, leaving significant amounts left to pay.

I have skimped on needed physio because my costs have been so high.

Again, I get lost in the process. Once, I just sent in my claim with letter attached. The associate at GS completed the claim for me. I was grateful for her help.

When I retired I understand that I was on Blue Cross. They covered up \$2000 on Extended and now with the Green Shield it is up to \$1000 that I find is restrictive and costly to me.

Again, the process was much easier and more personal with Blue Cross.

It took me following-up several time to get crutches covered following total hip replacement

my physi does not issue a paper receipt so I have to remember when I get home to submit the claim. I have forgotten at least 3 times in the last 2 years only to have to go through everything at tax time. also GS changed their website and there is a new final submit page which leads to problems if one doesn't know this

I only have one type of claim, and only in one year did I maxed out. Now with COVID, I don't go get treatments. I am paying monthly but don't get value for my one expense.

I was audited when I claimed some physiotherapy sessions.

Again, because my cost was \$110, it was not covered because I haven't claimed enough.

The automatic billing from my provider to Greenshield was so convoluted and I could never figure out how much was being covered and what wasn't, each and every visit. I have called Greenshield several times in the last three years and I believe the sessions are making sense now. I call all the time for verification of actions. I NEVER had any problems with Pacific Blue Cross and I have been most dissatisfied with Greenshield. So far, this year (2021) there have been no issues, and I do feel cautiously better than this time last year. I am investing Johnson and Johnson to compare plans, also.

We are only allowed \$1000 total paramedical coverage for the year. Other years were lighter cost, but this year is a heavier cost with physio-therapy needed for my knee and chiropractor for my back. It's only May, and I am already topped out with the rest of the year still looming. I prematurely stopped my weekly physio-therapy because my claims were rejected. And yet, we have a \$200,000 lifetime coverage that I can't access until next year!!!

Very complex with ICBC. Also very challenging after being injured.

Physio claim was due to chronic condition. Head Office person of Blue Cross approved it, but my claims for extra coverage for needed physio were subsequently denied. After retired teachers group switched to Green Shield, suddenly many of the Blue Cross benefits improved. Now it seems we are stuck with Green Shield.

After a workplace injury covered by Worksafe, subsequent claims for other injuries not related to Worksafe were denied.

paramedical categories are too limited. Need to be able to claim from Registered Clinical Counsellors or Counsellors Certified through the Canadian Counselling Association and registered Homeopaths.

IV sedation for a necessary tooth to extraction was not covered.

Previous chiro said they don't like to deal with Green shield because they have had problems with them in the past as My dentist did.

There is a significant gap between the fee schedule that practitioners charge (eg. massage, dental, physio) and what GS will actually cover. Queries to GS confirm their "schedule" is not current.

"My claim for new custom built orthodics was denied. They were made from plaster casts that were used for my original pair 7 years ago (when we had Blue Cross coverage). Green Shield asked for a doctors prescription which was unnecessary as they were being built on previous casts.

I also recently went to 4 speech therapy sessions which were not covered by our Green Shield plan. My husband has Blue Cross coverage which we find much more efficient. His plan covers speech therapy."

I just (June 7, 2021) sent a letter of complaint to Green Shield because an orthotic provider (covered by 7 other insurance companies, is not being recognized. The provider, trained in Germany, has credentials beyond most orthotic providers (like a PT). I live in a remote area. There are travel restrictions, etc. I am waiting for a response, but will also look at the BCRTA Johnson & Johnson option.

My issue is the deductible.

They sometimes question my Chiro claim and want documentation. The on line has never worked for me so I need to send in a hard copy and it takes time.

No reason given, only that it was not an allowable expense.

Well, when it was covered with Blue Cross and not with Green Shields, it is frustrating. As well, as one ages, the physiotherapist etc is even more important in keeping mobility strong and with only a 10 visit coverage for all of the paramedical team, it gets really expensive to support your needs. Keeping a person mobile and healthy so much more cost efficient than landing in a hospital.

Not satisfied that there are a number of paramedical services that are covered but it does not include counselling. Doesn't seem right. I should be able to decide what services I access.

Inconsistent coverage

Again, I'm paying more as green shield doesn't cover the full physio amount.

I'm not given the 80% coverage for massage, though the rate charged is standard in B.C.. Though having prescriptions for medical equipment required after my hip joint replacement, I was covered for a third of the costs. I am with Green Shield at present, having been moved from Blue Cross some time ago. When I retired in 1997, the pension plan covered EHC and dental.

I receive nothing from my claims. I have stopped even trying to claim

Far too small a percentage of claims for massage and chiropractic is covered. E.g. \$8.00 on a \$65.00 chiro claim. Massage maximum \$250.00 per year. I have monthly massage at \$110. Per appointment.

Massage Therapist was relatively new to the system (1 year). They did not have up to date records.

I was told I needed a doctor's prescription to verify that I had a leak in my CPAP device even though I had never claimed anything but the original purchase in about six years. Furthermore what happens when you don't have a doctor? And more, I was expected to do everything via computer and my skills with this device are somewhat minimal and I couldn't to what was required of me.

I must admit my claims for chiropractic work are easy to do on the computer other than having to make a minimal claim of \$200 before being refunded any money.

I would like complete explanations as to the reasons why some claims are not accepted

Will cover physio therapist but not registeted sports therapist

I saw a registered Osteopath last year, who helped me with an issue I'd had for two years. I had tried physio without results. I'm very disappointed that Osteopathic services are not covered by Green Shield, when things like massage therapy and acupuncture are. This needs to change!!

With Blue cross I was able to claim for my chiropractor. She does adjustments but is registered as a naturopath but not a chiropractor. I guess I can understand why she isn't covered but she is who I've always used so I don't want to switch.

Again you have to try to find the form so I just add it to lined paper and put it in with the general or the one I use for perscriptions. Then they want you to send each different claim to a different address where as with Blue Cross easy form and easy one address to send all of your claims. They give less back than Blue Cross and take longer

"I get osteopathic treatment but am unable to claim them. It is better than RMT and that is covered.

They finally covered them but I had to fight for them almost every time. The paramedical people had never had so much trouble with a company!

No osteopath coverage; individual claim items limited as well as \$1000 camp on paramedical category.

There is a cap of 1000.00\$ per year for physio, massage and chiropractic and I always go over so I have to pay out of my fixed income

Deductibles seem to have risen since TPP swithched to GS

I have had a claim denied for the same treatment, a week apart, despite phoning about it.

The process of getting approval was actually easier than with Blue Cross, but should really be necessary at all.

no costs were rejected, filling out the form was my problem

I have had problems with chiropractor claims. I do a mail in for mine and my wife's, and have encountered errors in the claims on two occasions. They were corrected but I had to shake my head as to how the errors could have happened in the first place.

I submitted too many in one day so they audited me.

At first I had trouble getting my claim to go through. Green Shield relies too much on web based claim forms with no real option to phone and talk to a real person if you are having trouble.

medical custom brace for thumb must be have prescription from doctor even though physiotherapist is the person you see and thinks you should have one - does not value the person working on your therapy

Coverage return unreliable

Have send actual receipts every time. Receipts are not he ones from therapist but MasterCard or Visa receipts

Counselling service not covered only psychologist

The GSC list of approved counsellors shown to plan members includes counsellors who are not covered by GS for our plan. If our coverage only includes psychologists, then when we do a search for providers, we should not be given social worker and counsellor contact information. I did not realize that the provider I found was not covered, and have spent over a thousand dollars that I would rather not have spent.

It would be easier if the form was on line, instead of having to mail it in, for my physiotherapy treatments.

Not sure if it was due to Green Shield or the paramedical company I deal with for massage. I recently had to pay the full amount because Green Shield apparently had not yet given the company a new password so the company was unable to submit forms. As well, at the beginning of this year, the first two claims for massage were not done properly...again, not sure if it was the company I get the service from or if something was going on at the Green Shield end.

Often professionals refuse to make the claim on your behalf because of the fuss and less than satisfactory experience they have, You are left to make the claim which is often rejected and rejected and rejected and finally after about the 4th submission, you are reimbursed. This could take 5 -6 months.

If my doctor or specialist says I need something, another new pair of glasses because of a cataract operation or hand brace, sometimes Im not covered.

Both times I submitted counselling receipts. I received nothing back.

Very limited coverage and although the claims process was easy it has been more than two months and I haven't seen my money yet.

With Green Shield, the coverage is \$1000 per year which is too low.

There was a limit on the Chiropractor, yet some other paramedical services were a higher amountt?

It's too difficult to make sense of what percentage of what service is reimbursed. Also, I would prefer a system where I can decide how my reimbursements should occur. I am not someone who takes prescriptions but do require paramedical services.

Seems to be a problem for some practioners that they don't do it for us and we have to send it in. I would like the practioners to all choose to send the bill in so we as patients do not have to.

Most of the paramedical do not submit directly to green shields so I have to do it myself. It's not always easy as different forms are required for different services

"Question 8: extended coverage was chosen for us by TPP - was Blue Cross, then switched to GSC - Question 9.

Question "

I had to see a homeopath on several occasions in 2019-20 because of severe IBS problems. The visits, the prescriptions, and the travel were all deemed ineligible to claim. I was very disappointed in this.

Not all paramedical services have direct billing to Greenshield so filing a claim is a hassle. With direct billing you know right away if you have reached your limit. My psychotherapy claim was rejected and receipts were not returned which makes that problematic for claiming medical expenses on the tax form.

Again the professional had to go through extensive documentation of training etc,

Again limited coverage for paramedical items. Would be willing to pay a bit more to have more items covered.

No trouble claiming for acupuncture, but TCM coverage was rejected - cost me 3K while the therapy was highly effective.

It's well known that practitioners have a higher cost for initial visits. Green Shield won't cover the extra; covered less than 2/3 of it. They should cover those the same as they cover the rest of the visits... I mean, it's all physiotherapy isn't it, whether it's first time or second/ect

this was a travel insurance claim for expenses related to BHP while on a trip to Mexico about 6 years ago. it was a TPP backed plan, but I'm not sure which one and can't find the relevant information but the claim was rejected on the basis of it being a pre-existing condition when their brochure stated this wouldn't be grounds for rejection if it hadn't caused a problem in the last, I believe, two years and mine hadn't caused a problem in the last 6 years.

The physio office should be able to claim it

Green Shield has rejected claims on the basis of no supporting documentation, but they didn't ask for the documentation, and didn't provide access for submission, on their online form. After I submitted documentation on another form, then the claim was accepted.

I use both physio and massage to deal with arthritis, \$1000 does not cover it. I pay for much of it myself or go without.

hard to make claim

Unfortunately this is not quite a yes or no question at this time. I have a physiotherapy claim and have yet to submit the paperwork for a brace that was required on June 11th. The physio was able to submit the actual visit cost, but not the brace, so I will see what happens shortly.

Prior to COVID-19 I submitted my claims for 5 acupuncture sessions regularly without difficulty. During COVID I stopped taking treatments. On returning to take my treatments I no longer was able to claim 5 visits with original receipt from my acupuncturist. I needed to show payment document either a cheque or credit card receipt. Since I purchased a special 10 session package, I needed to complete the 10 sessions and submit the payment document for the 10 sessions along with my claim. This was frustrating as I felt that 10 sessions could mean a longer waiting period before I received any reimbursement claim.

Orthotics were not authorized even though we felt that other authorized supplier was not as good.

Claims for physio and chiropractor care are often rejected through Green Shield - much more than with Blue Cross - and do not have a clear explanation why.

Coverage is too low. Too many things lumped into one category, from physiotherapy to podiatry

" Not all professional service providers of equal standing are preapproved for direct billing. It really is a nuisance to have to submit statements and wait approximately 3 - 4 weeks to have it processed.

with new methods available why can't they be approved. eg shiatsu

They have paid five claims quite efficiently but when I entered the last two claims for physio and pressed "submit' their computer seemed to accept it but when I checked a few days later to see if they would pay the two amounts there was no record of my submission. I had to re-enter the claims. Their software program seems a bit shaky!

why can't refund claims be settled at source? do it like pharacies - claim is precessed at the pharmacy - i only pay my portion of cost and Green Shield's portion is lookied after at site. I would not have to fill out forms and mail in and wait for refund!

We were forced to change to Green Shield from Pacific Blue Cross. It happened Apr when [redacted name] arranged it [note - not accurate] We have had nothing but problems with Green Shield from the beginning. Please change as soon as possible to PBCross or Johnson.

Many providers refuse to deal with GS even though they were fine submitting bills to Blue Cross. eg out massage therapist say that GS is just too difficult to deal with and they won't submit claims. Too time consuming they say. The paramedic claim was not rejected but I was unsure of the electronic way of claiming. Some of my paramedic costs cannot be billed directly from the paramedic's office.

Limit is low for husband and wife. I hold Green Shield coverage.

I had stopped my regular paramedical treatments due to COVID. When I could resume treatments I submitted claims for old and new invoices. Older invoices (pre-Covid) were rejected as being "too old" no allowance made for COVID. This Dec change made can no longer claim online and get a mailed cheque. \$ has to go to online banking account. Was NOT notified by email when last payment made to my account.

one time my paramedical claim was disallowed because it was five days longer than a year. I did it in Jan. when I do all of them.

Never, EVER was able to connect to Green Shield after I signed up. Didn't make any claim for quite a while. Then I forgot my password. Tried unsuccesfully REPEATEDLY to contact them. Just kept being told to put in my password. Gave up - ABSOLUTE FURY

GS only covers part of the cost.

I have only had one claim which was not covered because I had not reached some threshold

The costs were covered under Pacific Blue Cross.

Lazer treatments for fungus toe nails used to be partially covered under Blue Cross but not under Green Shield. On 2 occasions, when I went on the website to claim 2 new paramedical treatments, the website would let me put their names in. Only when I call was I able to do it. They had licenses and a number. No explanation was given.

They were rude to me. There is only 1 person in my community who can help with my severe concussion, Green Shield covers \$57.00 I have to pay 160.00 for 1 appointment. It would cost me to travel for help and this person is helping me but I can't afford the care.

Claim for CPAP was unduly complicated. We had to go back 6 years to prove it was eligible.

not very much coverage for massage therapy and physiotherapy naturopathic coverage is very poor!! This is the reason I cannot go!!

Diabetic pharmaceutical claims rejected even after doctor's explanation of patient's needs to Green Shield.

MORE importantly, my claims for these, though not always honoured (where are deductibles spelled out?) have not been difficult, as the facility where I get these treatments does it for me. Flawed survey to only ask yes/no, not other.

"I have only claimed for physio. My therapist is a top person. GS did not recognize her so claims could bot be automatically registered. I do not have all the home office equipment they desire for claims submissions. As I had to pay up front the bill became too high and I stopped therapy too soon.

I was told they do not accept faxes so I paid over \$12.00 to send the claim by registered mail. "

Deductible is so high.

Apps on smart phone notified us to upgrade to the new one (Android) However couldn't find in Google Play Store. Emailed GSC for advice. NIL RESPONSE. Have to do it on their website now.

Too many requirements for extra documentation.

As an old person I can't comfortably attend to my feet. eg have plantar warts, cracked heels, can't properly cut nails etc. need help

I use an insulin pump. All supplies covered by Blue Cross were intially rejected. After many phone calls, and after reproducing all the paperwork from my endocrinologist I am now fully covered. It was frustrating but it has worked beautifully after many phone calls.

We called explained turned out misunderstanding at there in went through

Changing allowable amounts or frequency, without warning or prior discussion.

sneaky "clauses"

It is expensive for Greenshields relative to the amount of coverage and items covered

Very unhappy with Green Shield!

"COVID + trauma has me needing Counselling... not covered unless it is a Registered Psychologist. The Counsellors recommended to me are SW/CCC NO coverage.

Massage Therapy is needed once a month to keep me moving... I have Fibromyalgia and Osteoarthritis. The \$1,000 limit for both of these services: Massage and Counselling is NOT enough. Our plan needs to negotiate a larger umbrella, or set amounts for each paramedical service."

No coverage until deductible was met.

It states on the GSC form you must have original copies. I did but they still challenged it and it took several phone calls to fix.

Massage claims are my responsibility

several times rejected clams with explanation that I had already claimed previously going back and found on statements that they had not been claimed previously

not happy no one told me i could change companies

HAD PROBLEMS WITH HEARING AIDS AND GETTING ADDITIONAL SIGNATURES AND SUBMIT-TED THREE TIMES BEFORE GOT ALL PAPERWORK CORRECT!

Orthotic Dr. had warned me that some plans required examination sheet when i uploaded this it was processed.

Randomly not covered for same therapies in same fiscal year

many claims told ineligible and refused. with no further explanation

not sure if it is worth the cost

not all costs are covered

difficult to deal with if your arent technically savvy. I have to send claims in writing. getting advice is next to impossible. Blue cross was more user friendly.

I had several bills fillowing the care of my deceased husband. Talked to a representative because doing on line was overwhelming and advised to make copies and mail in All eligible claims were taken care of.

dont understand difference in my share with same treatment

Therapist cannot submit directly but was able to with Blue Cross

"Have moved and am finding more agencies will not do medical claims up-front as before in my old location of residence. Seems some offices really don't want to support those who don't have the technical abilities to move through the systems.

limits can be exceeded very easily