



# My Quikcard Mobile App: **How To Guide**

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**Easy  
Affordable  
Flexible**



# My Quikcard Mobile App: How To Guide



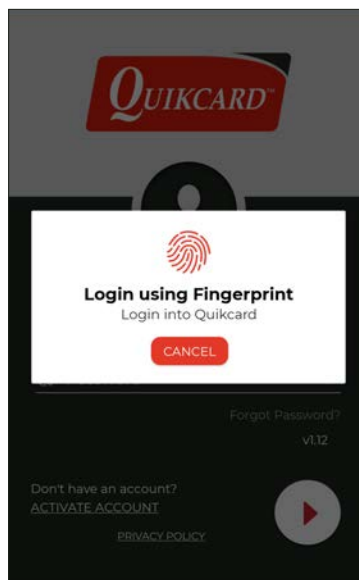
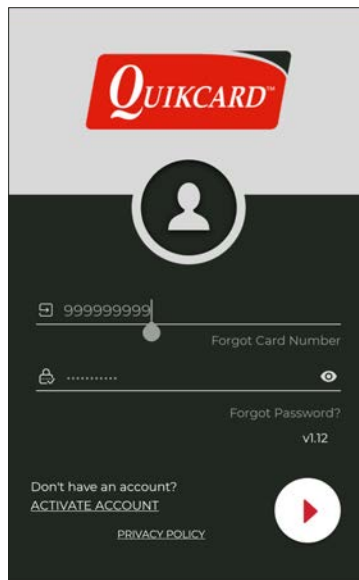
## LOGGING IN TO MY QUIKCARD MOBILE APP

Download the **My Quikcard Mobile** App through Google Play or Apple stores.

You will need to enter your **Card Number** and **Password**, then click the **Red Triangle** to sign in.

After you log in initially, you can choose whether or not to use your fingerprint for future logins.

If you are a new cardholder, start by clicking **Activate Account** at the bottom of the screen to activate your account.



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## ACTIVATING A NEW ACCOUNT

To activate your account, you will need to enter your:

- › **Card Number**
- › **Date Of Birth**
- › **Postal Code**
- › **City**
- › **Province**
- › **Email**

All 6 pieces of information need to match our records before a temporary password will be sent. Check with your plan administrator to confirm. If you wish to make changes at a later time you can do that at anytime through the app or portal.

A temporary password will be sent to your email address. Return to the Login screen and use the temporary password to sign in.

Once you have logged in for the first time, you will be prompted to create a new password. The new password must be between 9-12 characters long and include a combination of upper/lower case letters and numbers.

When your password is updated, you will be guided through an on-boarding wizard to either confirm or add information to what your plan administrator has provided, such as:

- › **Confirming your contact information**
- › **Confirming or change the status of dependents**
- › **Adding or removing bank accounts**
- › **Requesting a physical Quikcard, or view the Quikcard on your file**

While scrolling through the onboarding wizard, please be aware that the screen will time out after 10 minutes of inactivity. If you don't complete the onboarding wizard, or log out before completing it, you will be required to complete it the next time you open the app.

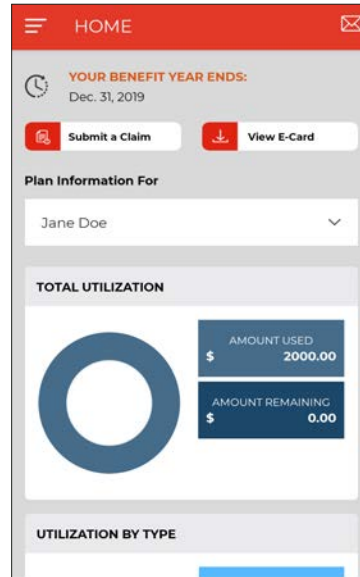
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## CARDHOLDER DASHBOARD

Once you have logged in, you will be taken to the Cardholder Dashboard.

Here you will be given an overview of your account and will be able to select actions directly from the dashboard.

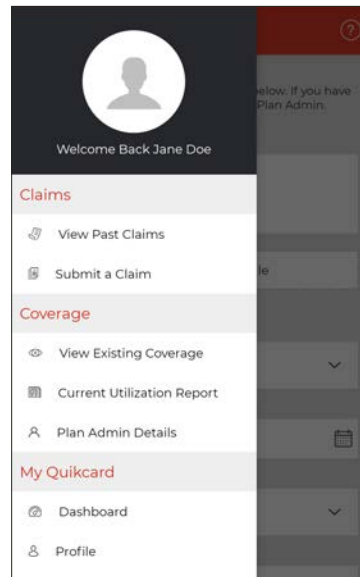
To access other details about your account, select the menu icon at the top left of the screen or swipe right.



## MAIN ACTIONS

Some of the main actions you can select are:

- › **View Past Claims**
- › **Submit a Claim**
- › **View Existing Coverage**
- › **View Current Usage**
- › **Update Banking Information**
- › **Update Profile Information**
- › **View eCard**
- › **Add/Remove Cardholders**
- › **Plan Admin Details**



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## SUBMITTING A CLAIM

From the Cardholder Dashboard, select the **Submit a Claim** button at the top left of the screen.

To submit a claim you will need to enter:

- › **Name of the plan member claiming**
- › **Service Date**
- › **Type of Claim**
- › **Type of Service**
- › **Province**
- › **Amount of Claim**
- › **Receipts for services claimed**

Please note that the selections for **Type Of Service** will change depending on what is chosen for **Type Of Claim**.

Receipt files can be uploaded by clicking **Upload or Choose File** and selecting an image from your device. The app will request permission to access your gallery and camera, which is needed to upload receipts.

When all fields have been filled and all files uploaded, click **Next** at the bottom of the screen. This will bring up two separate disclaimer pages. Read carefully and check **Yes** and click **Next** as prompted. On the last disclaimer page, check **Yes** and click **Submit Claim**.

Wait for a moment and a **Claim Submitted** message will appear and you will be redirected back to the dashboard.

## COORDINATION OF BENEFITS

If you have also submitted this claim to another provider for partial coverage, you can submit the claim to Quikcard for the remaining amount.

When submitting a claim, under the **Other Health Plan** section, select **Yes** and **Enter The Amount** the other provider paid. Don't forget to include your other health plan's statement to show what was covered.

**SUBMIT CLAIM**

Submit a claim by filling out the fields below. If you have any questions, please contact your Plan Admin.

Upload Receipt(s)

Upload or Choose File

Patient Name  
Select

Service Date  
DD-MM-YYYY

Type of Claim  
Select

Type of Service

Service Provided In  
Select

Receipt Total  
\$0.00

Other Health Plan  Yes  No

Other Health Plan (\$)

Comments (up to 2000 characters)  
Count: 2000

Next

Type of Claim

- Dental
- Health
- Vision

Type of Service

- Basic
- Major
- Extensivemajor
- Orthodontic

\$1234.56

**DISCLAIMER**

**PRIVACY NOTICE:**

The information requested in respect of this claim is required by Quikcard for benefits administration purposes. For these purposes Quikcard will, where necessary, collect from and exchange information with others. For more information consult Quikcard's privacy policy at [Quikcard privacy policy](#) or contact Quikcard by phone or mail.

**AUTHORIZATION:**

I authorize for a period of not less than twelve and not more than twenty-four months from the date hereof, any employer, physician, practitioner, health care provider, hospital, health care institution, and any other medical or medically related facility, any insurance company, workers compensation board or similar plan or organization, federal, territorial or provincial government department, or any other corporation or organization, institution or association, to release and exchange with Quikcard, all personal health information or any other information or records in its possession that is requested while and for the purpose of administering this claim. A photocopy of this authorization shall be as valid as the original.

Yes

Next

**DISCLAIMER**

**SERVICES MEDICALLY REQUIRED:**

I declare that the health services claimed on this form are medically required and not of a cosmetic nature.

Yes

**PRODUCTS OR SERVICES RECEIVED:**

I declare that the products or services listed on this claim have been received in full.

Yes

**CLAIMANT'S STATEMENT:**

I declare that the information contained on this claim form is true and complete to the best of my knowledge and belief. I am authorized to provide and receive the personal information of my spouse and dependents to submit this claim and for benefits administration purposes and to give the authorization set out below on my own and any of their behalf.

Yes

Submit Claim

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## VIEW CLAIMS

The cardholder app also allows you to review any previous claims.

To start, click **View Past Claims** from the menu icon. This will bring you to the View Past Claim page, which will display all recent claims on your account. From here you can search for specific claims or generate a report.

## SEARCHING CLAIMS

You can filter your search by selecting the **Funnel Icon** and using the following criteria:

- › **Service Date**
- › **Cardholder Name**
- › **Benefit Type**
- › **Claim Status**
- › **Date Type**
- › **Year**

Click the **eye icon** to the right of any claim to see all the details, and **Download** to save the claim to your device.

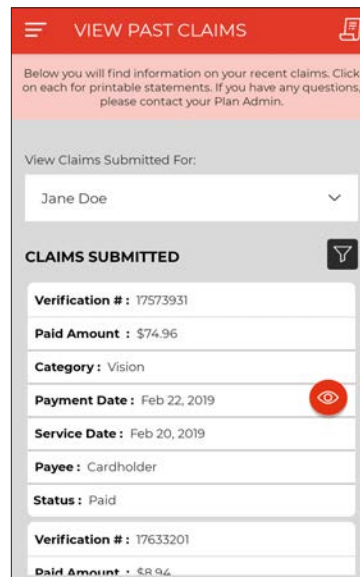
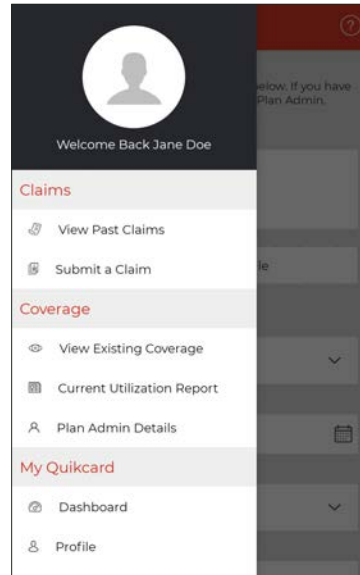
## GENERATING REPORTS

You can generate a report using the **paper sheet icon** located in the header at the top right of screen.

You will need to select:

- › **Cardholder Name**
- › **Benefit Type**
- › **Date of Type**

Once the parameters of the report are selected, click the **Generate Report** button at the bottom of the screen. You can choose to save the file to your device by selecting **Download PDF** at the bottom of the screen.



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## VIEW COVERAGE

To view the coverage details of your plan, from the menu on the left side of screen, select **View Existing Coverage**.

This will bring you to the View Existing Coverage page where you can filter by cardholder, view plan maximums, as well as other care plan details

## PLAN MAXIMUM

This is an overview of your entire plan.

The amount under **Potential Benefits** represents the balance left to use, dependent on the plan maximum still available.

## CATEGORIES

These are the elements covered by your plan and can include:

- › **Dental care**
- › **Health Care**
- › **Vision Care**
- › **Drug Card**
- › **Supplemental Top-Up**
- › **Wellness**

Each category can be further expanded to display the services covered, their details.

**VIEW EXISTING COVERAGE**

The following information has been calculated from claims fully paid. If you have any pending or in-transit claims, balance below will change. To view past claims, please click [View Past Claims](#)

Coverage For:  
Jane Doe

**PLAN MAXIMUM**

**DENTAL CARE**

**HEALTH CARE**

**VISION CARE**

**VIEW EXISTING COVERAGE**

Claims, balance below will change. To view past claims, please click [View Past Claims](#)

Coverage For:  
Jane Doe

**PLAN MAXIMUM**

**Plan Type:** Person

**Period Start:** Jan. 1, 2019

**Period End:** Dec. 31, 2019

**Details:**  
Dental + Vision + Health per Person Yearly

**Potential Benefits** ■ USED ■ REMAINING

\$2,000.00 \$0.00

**\$2,000.00**

**VIEW EXISTING COVERAGE**

**DENTAL CARE**

**Service:** Basic

**Period Start:** Jan. 1, 2019

**Period End:** Dec. 31, 2019

**Details:**  
(Coverage 90%)

**Service:** Major

**Period Start:** Jan. 1, 2019

**Period End:** Dec. 31, 2019

**Details:**  
(Coverage 90%)

**Service:** Extensivemajor

**Period Start:** Jan. 1, 2019

**Period End:** Dec. 31, 2019

**Details:**  
(Coverage 90%)

**VIEW EXISTING COVERAGE**

Coverage For:  
Jane Doe

**PLAN MAXIMUM**

**DENTAL CARE**

**HEALTH CARE**

**Service:** Health Services

**Period Start:** Jan. 1, 2019

**Period End:** Dec. 31, 2019

**Details:**  
(Coverage 90%)

**VISION CARE**

**Service:** Vision Care

**Period Start:** Jan. 1, 2019

**Period End:** Dec. 31, 2019

**Details:**  
(Coverage 90%)

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## VIEW USAGE

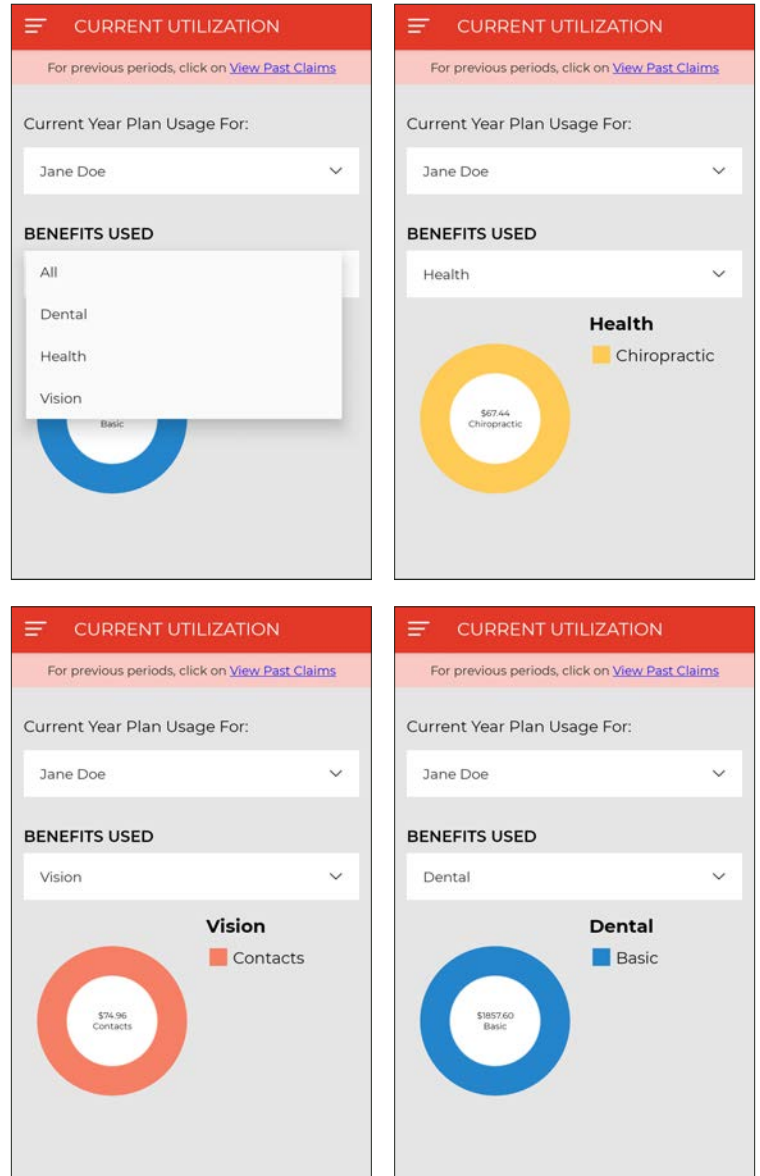
To get an overview of your overall benefits usage, select **Current Utilization Report** from the menu icon. This will bring you to the Current Utilization page.

From the **Benefits Used** dropdown, you can view the total costs associated with the following categories:

- › **Dental**
- › **Health**
- › **Vision**

Selecting **All** will allow you to scroll through all available benefits and the amounts used.

Please note, these options are dynamic and only the services that match your plan will be visible. Some users will see all three options, while others might only see Dental.





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## ADD/EDIT BANK ACCOUNT

You can receive claims faster as direct deposits by adding or updating your banking information through the Quikcard app.

To start, click **Banking Information** from the menu icon. This will bring you to the Banking Information page, which will display what is currently on file for your account.

To update your bank information, you will need to select **Update Bank Account** and enter the following:

- › **Branch Number**
- › **Institution Number**
- › **Bank Account Number**

This information is available on your personal cheques, through your online banking app, or can be obtained by contacting your bank directly.

Once all the information has been entered, click the **Update** button at the bottom of the page. A pop up will appear.

Once you click **Agree** you should see a **Changes Saved** message, completing the process.

**BANKING INFORMATION**

**BANK ACCOUNT**  
Please ensure your banking information is accurate and up-to-date

Branch Number

Institution Number

Account Number

**UPDATE BANK ACCOUNT** ▶

**UPDATE BANK ACCOUNT**

**i** Banking changes may not be reflected until the following business day. This can only be done once daily.

MR. JOHN JONES  
243  
DATE 2/23/2020  
\$ 0.00  
FIRST BANK OF WACO  
00005123  
John Jones

Branch Number   Institution Number   Bank Account Number

Branch #

Institution #

Bank Account #

**UPDATE** ▶

# My Quikcard Mobile App: How To Guide

## ADD/REMOVE CARDHOLDERS

Using the cardholder app you can add, update or remove dependents on your plan. Start by clicking the **Request Cardholder Change** from the menu. This will bring you to the Cardholder Change page.

### ADD A CARDHOLDER

Click **Add Dependent To Plan**. This will lead you to a request form. To update your dependent information you will need to enter the following:

- › **First and Last Name**
- › **Gender**
- › **Date of Birth**
- › **Relationship to Cardholder**
- › **Effective Date**
- › **Any additional notes**

Once you have entered the dependents information, select **Submit Request**. This will prompt a Spouse and Dependents Enrollment Disclaimer to appear. Read the declaration carefully and select **Agree** to complete the request. Requests are then sent to your plan administrator for approval. Once approved, you will see the change reflected online.

### UPDATE A CARDHOLDER

Below **Plan Member** Information you will find all the plan members on your account. Find the current cardholder you would like to update and select **Change**. Once you have filled out your changes, click on **Submit To Plan Admin**. This will prompt the Spouse and Dependents Enrollment Disclaimer to appear. Read the declaration carefully and select **Agree** to complete the request.

### CARDHOLDER CHANGE REQUESTS

To see previous changes to a current cardholder, scroll to the bottom of the **Cardholder Change** page. This section will outline the date changes were submitted, the requested changes and the status of previous requests.

