



Tips on TIPS Newsletter - September 2026

WHAT DOES IT MEAN WHEN YOUR CLIENT GETS

Prior Approval on a claim from our Assistance Centre?

One of the most valuable pieces of advice you can give your clients is to contact the Assistance Centre as soon as possible if they require medical treatment while travelling. Whenever possible, they should call prior to receiving treatment so the Claims team can assist with obtaining any required **prior approvals**. Setting this expectation before your clients travel can help prevent confusion and support a smoother claims experience.

Before certain medical procedures are performed, prior approval must be obtained. This includes procedures such as:

- Cardiac catheterization
- Angioplasty
- Cardiovascular surgery (including any associated tests or charges)
- MRI scans
- CT (CAT) scans
- Sonograms and ultrasounds
- Biopsies

BUT - Prior Approval is not a guarantee of a paid claim!

Here's Why:

Prior approval simply means the Assistance Centre has authorized your client to proceed with a specific medical procedure or diagnostic test based on the information available at the time. It is not confirmation that the expense will be paid. When a procedure or diagnostic test is pre-authorized by the Assistance Centre, this means they have confirmed some of these things (among others) based on the limited amount of information available to them at this early stage in the claims process:

- your client has a valid policy,
- they have coverage for the event being claimed, and
- the procedure appears to be an emergency (not elective and can't be postponed until the client returns home).

Before they can determine whether the cost of a procedure or test will be eligible for reimbursement, the Assistance Centre will need to request and thoroughly review all available documentation, which may include the treating physician's reports, diagnostic test results, itemized invoices, and, when required, your client's medical history. This review determines whether the claim meets the terms, conditions, limitations, and exclusions of the policy.

Even if a procedure has been pre-approved, it may still be denied or paid at a reduced amount for reasons including, but not limited to:

01

The test results indicate that the emergency is related to a pre-existing condition that is not covered under the policy.

02

The amount billed exceeds the reasonable and customary charges for the procedure or service.

03

The medical records or test results do not support that the treatment or procedure was medically necessary under the policy.

04

Required documentation or itemized billing is not provided to support the claim.

05

The procedure performed differs from the procedure that received prior approval.

06

The claim does not otherwise meet the terms, conditions, limitations, or exclusions outlined in the policy.

Key Takeaway

Prior approval is an important step in the claims process, but it is not the final determination of coverage. Encouraging your clients to contact the Assistance Centre before receiving treatment helps ensure they receive the appropriate assistance, allows required approvals to be obtained, and can help avoid unnecessary out-of-pocket expenses or delays. However, remind clients that all claims are subject to a complete review, and must meet the terms, conditions, limitations, and exclusions of their policy before reimbursement can be confirmed.

Did You Know?

If an insured does not contact the Assistance Centre prior to receiving treatment, they may be required to pay 20–25% of eligible medical expenses (depending on the product) that would normally be covered and paid under the policy. If the insured is medically unable to call at the time of an emergency, someone must contact the Assistance Centre on their behalf as soon as possible. They can also report a claim through the TravelAid™ app.

TravelAid™ App

[HTTPS://WWW.ACTIVE-CARE.CA/TRAVELAID/](https://www.active-care.ca/travelaid/)

- Travel assistance and claim submission, anywhere in the world
- Start a Claim – begin the process to file a claim and track your claim status
- A direct link to the Assistance Centre for immediate medical assistance 24/7
- International 911 – search emergency phone numbers in other countries (GPS enabled)
- Find Medical Facility – find directions to the closest medical facility (GPS enabled)
- Travel Tips – pre- and post-departure
- Travel Advisories

Acceptable Methods of Payments for Policies

The only acceptable methods of payment in TIPS are Visa and MasterCard. If your client does not have a Visa or MasterCard, please have them e-transfer full payment to payments@21stcenturytravelins.com. Make sure they include the quote number in the transfer. Our office will process the payment and notify you when the policy has been issued. E-transfer is not available for the Visitor to Canada monthly payment plan.

REMEMBER – you are not allowed to use your own credit card for a client's policy as per insurance regulations.

Stay informed and protect yourself online. Click below to review our Terms of Use, learn how to spot phishing emails, and understand credit card security guidelines.

Terms of Use



Phishing Emails



Credit Card Use



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