

2015-2016

Product Care's Interim Lamp Claims Submission Guide



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1 Claim Submission

1.1 Claim Submission from June 1 – September 30, 2015

- The first claim to PCA must be one submission that includes all lamp post-collection services from June 1, 2015 to September 30, 2015;
- The first claim must be submitted **by the municipality** to PCA using the Lamp Claim Submission Spreadsheet ([available on our website](#))
- The claim for services from June 1 – September 30, 2015 must be submitted to PCA no later than November 30, 2015

1.2 Claim Submission after September 30, 2015

- All claims after the first claim must be submitted **each month** to PCA for a **monthly reporting period** (each claim is for one month only, example “December 2015”, not a 30 day period)
- Until all documentation requests are complete and the agreement is fully executed the municipality must be the one to submit claims to PCA
- Once the agreement is executed and documentation requests are complete, the municipality may continue to submit claims to PCA or may coordinate with their service provider to have the service provider submit claims to PCA directly.
- If a service provider submits claims on behalf of a municipality, they must complete the Lamp Claim Submission Spreadsheet, and can only include one municipality per completed spreadsheet.

1.3 Where and What to Submit

- All claims must be sent to ONclaims@productcare.org
- Email Subject: ON Lamp Submission
- Each email to ONclaims@productcare.org must include the following attached:
 - o Completed Lamp Claim Submission Spreadsheet
 - o All invoices referenced in the Lamp Claim Submission Spreadsheet
 - o All BOLs and/or Manifests associated with the Lamp Claim Submission Spreadsheet

1.4 Checking Your Claim Before Submitting

Before submitting your claim please review and check the following:

- ✓ Supporting documentation has been attached in the order the claim lines appear
- ✓ All data fields are complete. Please do not leave any monetary fields blank. If you are unsure of what to enter, please see the Lamp Claim Spreadsheet section
- ✓ All information has been entered correctly
- ✓ The Lamp Claim Spreadsheet is for lamp claims and for one municipality only
- ✓ The email subject is “ON Lamp Submission”

Any claims that are submitted with incorrect information or without supporting documentation will be rejected and the sender will be asked to resubmit the claim.

1.5 Claim Submission Schedule

Below summarizes the program claim submission schedule. Post-collection service claims for all program periods can be made to PCA according to the following schedule:

Table 1: Lamp Claim Submission Schedule

| Program Period | Reporting Period | Claim Submission Requirements | How to Submit | Due Date |
|--|--|---|--|--|
| Retroactive Period for all Municipalities Note: Municipalities submit this claim to PCA | Jun 1 – Sep 30, 2015 | <ul style="list-style-type: none"> - The municipality must use the Lamp Claim Spreadsheet (emailed October 15, 2015 and available on our website) - Please detail all post-collection lamp services in this reporting period on 1 Lamp Claim Spreadsheet - The completed Lamp Claim Spreadsheet and all supporting documentation (Invoice, BOLs etc.) for the entire reporting period are attached to an email | Email your Lamp Claim Spreadsheet and all supporting documentation to: ONclaims@productcare.org Email subject: ON Lamp Submission | All claims from Jun 1 – Sep 30, 2015 must be submitted to PCA by Nov 30, 2015 |
| Retroactive or Active Period depending on when the PCA-Municipal Lamp Program Agreement and onboarding activities are complete The Active Period will commence the 1st of the month following the completion of all program on-boarding activities and the PCA-Municipal | All claims for post-collection services that occur after Sep 30, 2015 must be submitted monthly | <ul style="list-style-type: none"> - The municipality must use the Lamp Claim Spreadsheet (emailed October 15, 2015 and available on our website) - All post-collection lamp services in a month are included in 1 Lamp Claim Spreadsheet - The Lamp Claim Spreadsheet and all supporting documentation (Invoice, BOLs etc.) for this reporting period are attached to an email | Email your monthly Lamp Claim Spreadsheet and all supporting documentation to: ONclaims@productcare.org Email subject: ON Lamp Submission | October 2015 claims due before or by Nov 30, 2015 November claims due before or by Dec 31, 2015 Note: Municipal Agreements must be executed by November 30, 2015. December 2015 claims due before or by Jan 29, 2016 |

| | | | | |
|---|--|--|--|--|
| <p>Interim Lamp Program Agreement is executed</p> <p>Note: The municipality or the service provider can submit monthly claims to PCA during the Active period</p> | | | | <p>January 2016 claims due before or by Feb 29, 2016</p> <p>February 2016 claims due before or by Mar 31, 2016</p> <p>March 2016 claims due before or by Apr 30, 2016</p> <p>April 2016 claims due before or by May 31, 2016</p> <p>May 2016 claims due before or by Jun 30, 2016</p> |
|---|--|--|--|--|

2 Lamp Claim Spreadsheet

The Lamp Claim Spreadsheet has been created to ensure that claims can be submitted, processed and approved as efficiently as possible. Further, the spreadsheet was designed to accommodate a variety of service contracts. Some municipalities may report fluorescent tubes in feet or per tube; CFLs may be reported per bulb or per drum etc.

This spreadsheet is meant to accommodate all post-collection service contracts. **Please read the Lamp Claim Spreadsheet guidelines below before submitting your first claim.** If you are unsure if a column is applicable to you, please refer to the “Help” tab or contact PCA (ONclaims@productcare.org) before submitting. To download the Lamp Claim Spreadsheet, please visit our [Service Partner Support](#) page in Reporting & Registration.

Please note that each Lamp Claim Spreadsheet submitted to PCA must reflect the claims of only one municipality. This is not a problem if the municipality is submitting for themselves. However, if a service provider submits to PCA, they must provide a Lamp Claim Spreadsheet for each municipality that they are claiming on behalf of.

2.1 Help Tab

PCA has put together a “Help” tab to assist municipalities and service providers when completing the Lamp Claim Spreadsheet. You will find information on: supporting documentation requirements, claim data fields and examples of how to complete your claim lines.

The screenshot shows the 'Help' tab of the '151008-Ontario Lamps Claims to PCA - Final - Excel' spreadsheet. It is divided into three main sections:

- Supporting Documentation Required for PCA:** Lists 'Required' documents (Bill of Lading, Invoice) and 'Optional' documents (Manifest).
- Data Field Clarification:** A table of fields with instructions and whether they are required.

| Field Name | Description | Required Field |
|---------------------------|--|--|
| Claim Submitter (Company) | Select your company if you are submitting directly to PCA on behalf of a municipality. | Required Field if Service Provider is Submitting Claim |
| Municipality | Select your Municipality from the drop down list. | Required Field |
| Service Type | If the rate you pay to your Service Provider is for both Transportation and Processing select "Transp. & Process." | Required Field |
| BOL # | Enter the Bill of Lading Number or Shipping Document Number that contains the lamps. This document is provided to you by your Service Provider. | Required Field |
| Invoice # | Enter the Invoice Number that contains the lamp post-collection costs you were billed. This Invoice is provided to you by your Service Provider. | Required Field |
| Service Date YYYY-MM-DD | Enter the Date that the Lamps were picked-up from your Collection Site. | Required Field |
| Collection Site Name | Select the Collection Site from the drop down list provided. If the Site is missing, contact PCA. | Required Field |
| Collection Site Address | Automatically populates when you select your Collection Site Name. Confirm you selected the correct site with the address that populates. | Required Field |
| Transporter | Select your Transporter from the list provided. If the Company is missing, contact PCA. | Required Field |
| Processor | Select your Processor from the list provided. If the Company is missing, contact PCA. If you are unsure | Required |
- Examples of different ways to report lamp claims:** A table showing various material types, quantities, units, rates, and container types.

| Material Type | Material Quantity | Unit of Measurement | Rate (\$/unit) | Item Cost (Excluding \$161) | Container Quantity | Container Type | Notes |
|-------------------|-------------------|---------------------|----------------|-----------------------------|--------------------|----------------|--|
| Fluorescent Tubes | 80 | ft | \$ 1.25 | \$ 100.00 | | | Unit based billing for a material type ar |
| 2ft Tubes | 20 | Tubes | \$ 5.00 | \$ 100.00 | | | Unit based billing for a material type ar |
| 3ft Tubes | 20 | Tubes | \$ 5.00 | \$ 100.00 | | | Unit based billing for a material type ar |
| 4ft Tubes | 20 | Tubes | \$ 5.00 | \$ 100.00 | | | Unit based billing for a material type ar |
| 8ft Tubes | 10 | Tubes | \$ 10.00 | \$ 100.00 | | | Unit based billing for a material type ar |
| CFLs | 100 | Bulbs | \$ 1.00 | \$ 100.00 | | | Unit based billing for a material type ar |
| HIDs | 42 | Bulb | \$ 2.38 | \$ 100.00 | | | Unit based billing for a material type ar |
| CFLs | 300 | Bulbs | \$ 50.00 | \$ 100.00 | 2 | Drum | This is an example where billing is by co quantity of bulbs was found on the BOL |
| U&O Tubes | 22 | Tube | \$ 50.00 | \$ 100.00 | 2 | Box | This is an example where billing is by co quantity of tubes was found on the BOL |
| 8ft Tubes | 23 | Tube | \$ 100.00 | \$ 100.00 | 1 | Box | This is an example where billing is by co quantity of tubes was found on the BOL |

2.2 Filling out the Lamp Claim Spreadsheet

1. Fill in “Payable To” using the legal name of the municipality/company that will be paid. The “Business Number” of the municipality/company being paid must be provided as well as the “Contact Name” of the person completing the claim and the “Date” you are submitting this claim.

The screenshot shows the 'Product Care' spreadsheet. The title 'Product Care' is circled in green. The spreadsheet has columns A through F. Row 1 contains the title 'Product Care Ontario Interim Lamp Program'. Row 2 contains the instruction 'Email this Claims Spreadsheet and Supporting'. Row 3 contains the instruction 'Need Help, see the "Help" tab'. Row 4 is empty. Row 5 contains a form with the following fields: 'Payable To (Vendor Name):', 'Business Number (or GST/HST #):', 'Contact Name:', and 'Date:'. Row 6 is empty. Row 7 contains a dropdown menu with the text 'Input if Service Provider is submitting on behalf of municipality'. Row 8 contains a dropdown menu with the text 'Select'. Row 9 contains a dropdown menu with the text 'Select'. Row 10 contains an input field with the text 'Input'. Row 11 contains an input field with the text 'Input'. Row 12 contains the header 'Line No.'. Row 13 contains the header 'Claims Submitter (Company)'. Row 14 contains the header 'Municipality'. Row 15 contains the header 'Service Type'. Row 16 contains the header 'BOL #'. Row 17 contains the header 'Invoice #'. Row 18 contains the header 'Pick YYYY'. Row 19 contains the number '1'. Row 20 contains the number '2'. Row 21 contains the number '3'. Row 22 contains the number '4'. The spreadsheet is titled 'Lamps Claims' and has a 'Help' tab.

2. If you are a **service provider** claiming directly to PCA for the municipality, you must complete the “Claim Submitter (Company)” field by selecting your company name from the dropdown. **Municipalities submitting the claims to PCA do not need to complete this field.**

The screenshot shows the 'Product Care' spreadsheet. The 'Claims Submitter (Company)' field is highlighted with an orange box. The dropdown menu is open, showing the text 'Input if Service Provider is submitting on behalf of municipality'. The spreadsheet has columns A through F. Row 7 contains the header 'Line No.'. Row 8 contains the header 'Claims Submitter (Company)'. Row 9 contains the header 'Municipality'. Row 10 contains the header 'Service Type'. Row 11 contains the header 'BOL #'. Row 12 contains the header 'Invoice #'. Row 13 contains the header 'Pick YYYY'. Row 14 contains the number '1'. Row 15 contains the number '2'. Row 16 contains the number '3'. Row 17 contains the number '4'. The spreadsheet is titled 'Lamps Claims' and has a 'Help' tab.

3. Select the “Municipality” from the dropdown.

The screenshot shows the 'Product Care' spreadsheet. The 'Municipality' field is highlighted with an orange box. The dropdown menu is open, showing the text 'Select'. The spreadsheet has columns A through F. Row 7 contains the header 'Line No.'. Row 8 contains the header 'Claims Submitter (Company)'. Row 9 contains the header 'Municipality'. Row 10 contains the header 'Service Type'. Row 11 contains the header 'BOL #'. Row 12 contains the header 'Invoice #'. Row 13 contains the number '1'. Row 14 contains the number '2'. Row 15 contains the number '3'. Row 16 contains the number '4'. The spreadsheet is titled 'Lamps Claims' and has a 'Help' tab.

- Select the "Service Type" from the dropdown. In most cases the transportation and processing costs have been combined into a fixed per unit rate for each material (e.g. \$1.00/tube – this is one rate that reflects transportation and processing); however, some invoices may breakdown the processing and transportation costs for each material separately or may have processing rates and fixed transportation cost etc. Please select the "Service Type" that is most appropriate for the claim line.

| | Input if Service Provider is submitting on behalf of municipality | Select | Select | Input | Input |
|----------|---|--------------|--------------|-------|-----------|
| Line No. | Claims Submitter (Company) | Municipality | Service Type | BOL # | Invoice # |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

- Fill in the supporting documentation numbers related to the claim line.

| Select | Select | Input | Input | Input | Select |
|--------------|--------------|-------|-----------|----------------------------|----------------------|
| Municipality | Service Type | BOL # | Invoice # | Pick Up Date YYYY/MM/DD | Collection Site Name |
| | | | | | |
| | | | | | |
| | | | | | |

- Fill in the date that the material was picked up from the collection site, the "Pick Up Date", and select the "Collection Site Name" from the dropdown. The "Collection Site Address" will automatically populate once you select the collection site name.

| Input | Input | Select | Automatic | Select |
|-----------|----------------------------|----------------------|-------------------------|-------------|
| Invoice # | Pick Up Date YYYY/MM/DD | Collection Site Name | Collection Site Address | Transporter |
| | | | | |
| | | | | |
| | | | | |

- Select the "Transporter" and "Processor" from the dropdowns.

| Select | Automatic | Select | Select | Select |
|----------------------|-------------------------|-------------|-----------|---------------|
| Collection Site Name | Collection Site Address | Transporter | Processor | Material Type |
| | | | | |
| | | | | |
| | | | | |

- The following fields of the Lamp Claim Spreadsheet will vary based on the service contract and pricing between the municipality and the service provider. Please read the "Help" tab carefully

and review the examples provided. The “Material Type” should be selected based on the line item on the invoice. “Material Quantity” may be found on the invoice or on the BOL. “Container Quantity” and “Container Type” only apply to municipalities with per container rates. Please

| Select | Select | Input | Select | Input Optional | Input | Input if applicable, see "Help" tab | Input if applicable, see "Help" tab | Input if applicable, see "Help" tab |
|-----------|---------------|-------------------|---------------------|----------------|---------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Processor | Material Type | Material Quantity | Unit of Measurement | Rate (\$/unit) | Item Cost (Excluding HST) | Container Quantity | Container Type | Rate (\$/container) |
| | | | | | | | | |
| | | | | | | | | |

9. The following is a list of accepted lamps that can be claimed to Product Care for funding under the Interim Lamp program.

| Material Type | Accepted Program Lamps | Not Accepted Program Lamps |
|-------------------------------|------------------------|----------------------------|
| CFL bulbs | X | |
| 2' Tube Florescent Units | X | |
| 4' Tube Florescent Units | X | |
| 8' Tube Florescent Units | X | |
| 6' Tube Florescent Units | X | |
| 5' Tube Florescent Units | X | |
| 3' Tube Florescent Units | X | |
| 1' Tube Florescent Units | X | |
| U Tube Florescent Units | X | |
| O Tube Florescent Units | X | |
| HID Bulb Units (Metal Halide) | X | |
| Incandescent bulbs | | X |
| HPS Bulb Units | | X |
| Sodium Bulb Units | | X |
| UV light Units | | X |
| Spot Light Units | | X |
| LED Units | | X |
| Halogen Bulb Units | | X |
| Christmas Lights | | X |
| Projector Lamps | | X |
| Solar Light | | X |

3 Claim Payment

Claims submitted to PCA will be reviewed and processed according to Schedule B of the PCA-Municipal Interim Lamp Program Agreement. PCA will validate claim submissions and supporting documents within 10 business days of receipt. The service provider or the municipality who submitted the claim will receive an email once a claim has been rejected or approved.

3.1 Payment Terms

PCA will pay for 100 % of the lamp post-collection service costs (transportation and processing) to the claim submitter as well as an additional 10 % of the post-collection costs to the municipality for administration and other costs.

Approved lamp claims will be paid within 30 days from the date of approval. If a municipality has not submitted a signed agreement or if the municipality and/or service provider have not completed the on-boarding activities, payments will be held until all activities are complete.

4 PCA Contacts

Our team is here to help. If you have any questions about the PCA Ontario Interim Lamp Program, feel free to contact us.

Patrick Chauvet

Ontario Program Director

Direct: 416.307.2886

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