

- If you have **more than one office**, a separate request form must be completed for each office.
- For offices with **more than one optical provider**, each person who bills under his or her own practice should complete a separate form.

Action requested	
<input type="checkbox"/> Initial set up <input type="checkbox"/> Change*	If change, please indicate effective date (YYYY-MM-DD)

Optical provider information				
Legal name of the individual provider or clinic				
Operating/practice name—if different than legal name			Business address	
City	Province	Postal code	Phone number	Fax number
Login ID (maximum 15 characters)			<input type="checkbox"/> Optician <input type="checkbox"/> Optometrist	
Mailing address (please check if same as above. If no, fill in the space provided)			Payment name and address (please check if same as above. If no, fill in the space provided)	
(same as above) <input type="checkbox"/> Yes			(same as above) <input type="checkbox"/> Yes	

Contact information (person to be contacted regarding online claim submission and/or restricted information)			
Last name		First name	Initial
Phone number	Alternate phone number	Email address (for confidential information pertaining to login credentials)	

Note: All fields on this form must be completed. Your application cannot be processed without all the information requested.

Authorization	
I, _____ (please print) ,as an authorized representative of the above-mentioned optical provider, hereby authorize Alberta Blue Cross to enable this practice or place of business to participate in online claim submission and processing for optical services rendered, according to the terms of the Alberta Blue Cross Optical Provider Web Site Policy and Online Billing Agreement.	
Signature _____	Date (YYYY-MM-DD) _____
<input type="checkbox"/> I agree and consent to receive information about suitable products, programs and services from Alberta Blue Cross that may be of interest to me through electronic communication methods. You may unsubscribe at any time.	
<input type="checkbox"/> I authorize Alberta Blue Cross to list my practice's name, address and telephone number in its online direct-bill provider directory.	

Please mail or fax your completed form to Alberta Blue Cross Health Provider Services 10009 108 Street Edmonton, AB T5J 3C5 Fax: 780-498-3544	For assistance with this form or more information about online optical claims submission, please call 780-498-8083 (Edmonton and area) 1-800-588-1195 (toll-free)
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