

A blurred background image of three healthcare professionals (two men and one woman) smiling. The woman in the center is wearing glasses and a white lab coat.

# Optical services provider user guide



## Online claims submission

*... convenient service, delivered  
through an easy-to-use, secure website*

[provider.ab.bluecross.ca/optical](http://provider.ab.bluecross.ca/optical)

October 2018

# Optical provider user guide

## online claims submission

Alberta Blue Cross is pleased to offer online claims submission for optical providers. This convenient service is delivered through an easy-to-use, secure website and is available at no cost to all optical providers across Alberta.

Online submission provides the convenience of direct billing for eligible services for your customers with coverage through Alberta Blue Cross group and individual benefit plans, Alberta School Employee Benefit Plan (ASEBP), Optical Assistance for Seniors Program and Alberta Human Services program. Online Submission assures prompt payment directly from Alberta Blue Cross, while helping you retain existing customers and gain a competitive advantage over providers who may choose not to submit claims online.

When submitting claims online, this service will predetermine the patient's coverage and confirm

- the amount Alberta Blue Cross will pay to your office, and
- the amount you will need to collect from the patient.

### Registering for site access

To register for online claims submission, please complete the Request for Secure Website Access form. If you want payments deposited directly into your bank account, please complete the Application for Direct Deposit of Funds form. These forms can be accessed through our public website at [ab.bluecross.ca](http://ab.bluecross.ca).

#### Please mail or fax your completed form to

Health Services Provider Relations, Alberta Blue Cross  
10009 108 Street, Edmonton, AB T5J 3C5

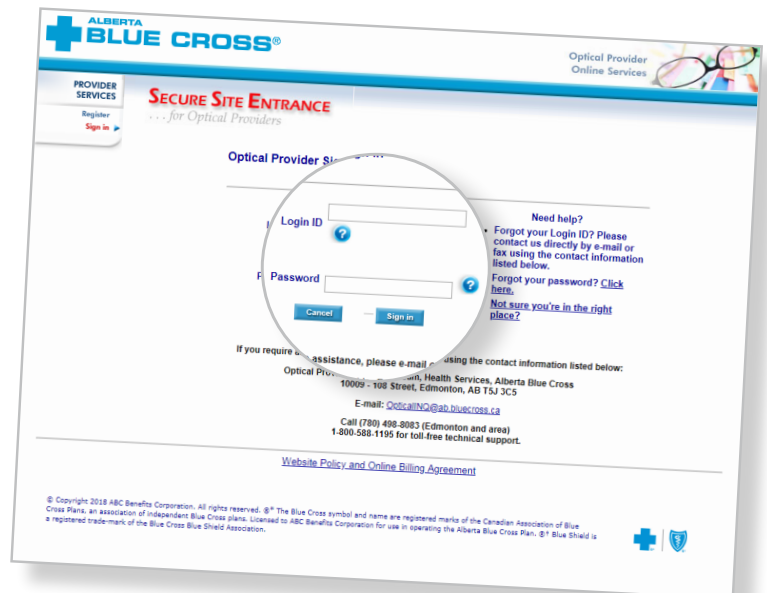
Fax: 780-498-3544

The Health Services Provider Relations team at Alberta Blue Cross will create your website access based on your completed registration form. To protect your security, a login ID and temporary password will be sent in two separate emails to the email address provided on your registration form. Once you have received both of these emails, you can begin serving your customers through online claims submission.

### Getting started online

Please refer to the information in the emails Alberta Blue Cross sends you when your initial registration is approved. These emails will contain your login ID and temporary password. Navigate to the Optical Provider Online Services website at: **[provider.ab.bluecross.ca/optical](http://provider.ab.bluecross.ca/optical)** and enter the login ID and password in the applicable fields.

You will be asked to agree to the Website Policy and Online Billing Agreement, set up your two "Reminder Questions" and change your temporary password. This information will be used to verify your identity if you forget your password or require information about your account. Subsequent sign-ins will only require your login ID and password.



## Claiming online is quick, easy and secure!

*Alberta Blue Cross has separate processes for entering claims for group and individual plan members and for members covered under the Optical Assistance for Seniors Program or Alberta Human Services.*

Claiming online is quick, easy and secure! After validating a patient's identity and predetermining or preauthorizing results as confirmed by the patient, you simply submit the claim for processing. Within seconds of submission, results are displayed. The patient will be required to pay only the portion not covered under their benefit plan. The transaction is then complete.

Alberta Blue Cross has designed separate processes for entering claims for

- group and individual plan members (page 4),
- members covered under the Optical Assistance for Seniors Program (page 4), and
- members covered under Alberta Human Services (page 15).

There are differences in the screen requirements, so please ensure patient information is entered on the correct screens. If a member has Coordination of Benefits (COB) between a group or individual plan and an Alberta Human Services program, please enter the claim through the group and individual plan area of the site. If there is a remaining balance that may be considered under the Alberta Human Services program, please complete and submit a claim form to Alberta Blue Cross for assessment. Similarly, if primary payment has been made by another insurer, a completed claim form will be required to consider the balance under the Alberta Human Services program.

Please note that payments for group, individual and Optical Assistance for Seniors Program participants will be issued on the same statement. Payments for Alberta Human Services programs will be issued on a separate statement on alternate weeks.



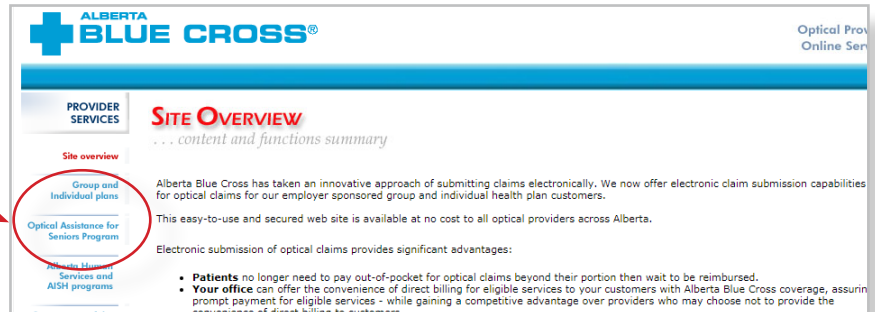
### Help

If you have questions about a screen, click on the blue button with a question mark. The help button has answers to questions that are frequently asked about the section.

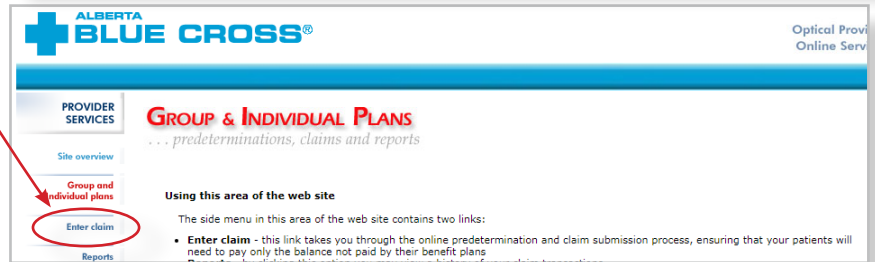


# Easy steps to submit and process a claim for group or individual plan members, or Optical Assistance for Seniors program

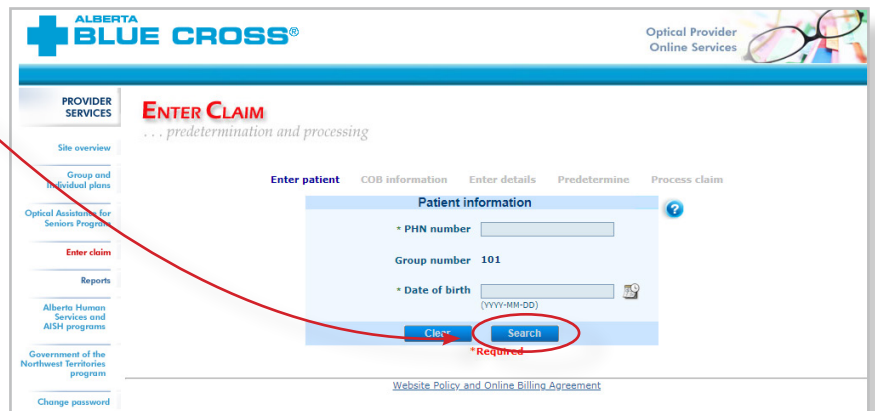
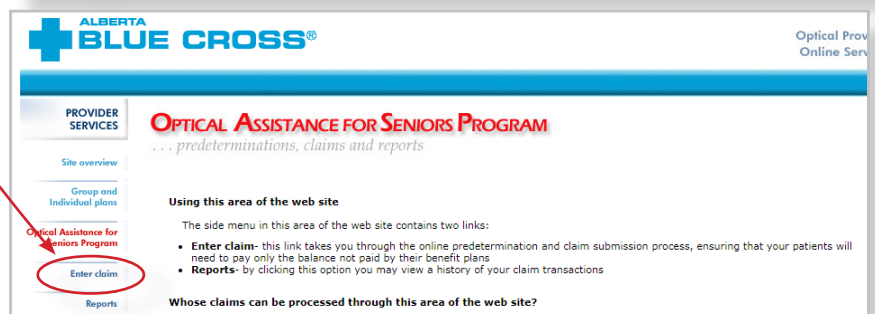
- 1 Select the appropriate group.**  
In the sidebar on the left, choose the coverage type for the member. The instructions in this section are for "Group and Individual plans" or "Optical Assistance for Seniors" claims.



- 2 Enter the patient's information.**  
If you chose "Group and Individual plans" in the sidebar, navigate to the "Enter claim" menu option and enter the patient's ID number and group number exactly as they appear on their Alberta Blue Cross or ASEBP ID card. Then, ask the patient for his or her date of birth, enter the date and click the "Search" button.



If you chose "Optical Assistance for Seniors" in the sidebar, navigate to the "Enter claim" menu option and enter the patient's Personal Health Number (PHN) and date of birth and click the "Search" button.



The remaining steps apply for both claim types.

- 3 **Verify whether the patient has Coordination of Benefits.** Confirm whether the patient has other active coverage and whether payment has been made by another benefit carrier or provincial plan.  
If **"No,"** continue to next page.  
If **"Yes,"** continue to page 7.

- 4 **Enter details.** Select a product, enter a price then click **"Add claim."** Repeat these steps for each product being considered.  
When you are satisfied with the details you have entered, click the **"Predetermine"** button.

Please refer to article 4.4 in your Online Services Billing Agreement for more information regarding the service date.

**Note:** there may be some circumstances when a claim cannot be processed electronically.

You will receive a notification on this screen and these claims will have to be submitted manually by the patient to Alberta Blue Cross.

- 5 **Predetermine.** This is a simple inquiry into the patient's benefit plans to determine the coverage available.

You can click **"Modify"** to go back to step 2, **"Cancel"** to exit without saving or **"Process claim"** to submit the claim online to Alberta Blue Cross for immediate processing.

Product	Amount claimed	Plan(s) will pay	Balance remaining	Explanation number
Eye Exam - Routine	200.00	0.00	200.00	4434,16939
	\$ 200.00	\$ 0.00	\$ 200.00	

- 6 **Process claim.** You will receive a confirmation from Alberta Blue Cross within seconds of your submission.  
A printable copy of the patient's claim statement is displayed.



**7 Print summary.** You must provide the patient with a printed copy of the claim statement.

Click the "Print" button located at the top of the screen.

The screenshot displays the 'Vision claim summary' page for an optical provider. At the top, there is a navigation bar with the 'Print Alberta Blue Cross' button circled in red. A red arrow points from the instruction text to this button. The page includes a sidebar with various service links, a header with contact information, and a main content area with a summary table, details, and an acknowledgement section.

**PROVIDER SERVICES**

- Site overview
- Group and Individual plans
- Enter claim
- Reports
- Optical Assistance for Seniors Program
- Alberta Human Services and AISH programs
- Government of the Northwest Territories program
- Change password
- Reminder question
- Contact us
- Sign out

Logged in as: Optical Provider

**ALBERTA BLUE CROSS**

Please click below to print the patient's Claim Statement:  
[Print Alberta Blue Cross](#)

**Date:** March 28, 2018  
**Document number:** 85093485

**We're here to help!**  
Edmonton and area (780) 498-8000  
Calgary and area (403) 234-9666  
Toll free 1-800-661-6995  
8 a.m. - 5 p.m. MT  
www.ab.bluecross.ca

**Patient name:** Test, Test  
**ID number:** 20149267-01  
**Group:** 99 **Section:** TS1

**Vision claim summary**

Total amount claimed	\$200.00
Total amount not paid	\$200.00
Amount paid	\$0.00

**Details**  
Each claim you submit is assessed according to the rules of your benefit plan. Please refer to the explanations near the end of this statement for descriptions of terms, and to your benefit booklet for plan details.

**Patient:** Test  
**Service provider:** Optical Provider

Service date (YYYY/MM/DD)	Product or service	Claimed amount	Eligible amount	Other plan paid	This plan paid	Explanation number*
2018/03/28	Eye Exam - Routine	200.00	0.00	0.00	0.00	4434,16939
<b>Total</b>		<b>\$ 200.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	

**\*Explanations**

**4434** This product is not eligible under your plan.

**16939** The information provided regarding your other insurance carrier does not match our records, therefore we are unable to process your claim electronically at this time. Please contact your insurance carrier to have your records updated.

**Acknowledgement**  
By accepting this claim summary, I certify that the information on this claim summary is complete and accurate and the services and/or products listed have been received by the patient indicated. I also acknowledge that, by presenting my Alberta Blue Cross identification card or my identification number for a benefit plan administered by Alberta Blue Cross to the named Service Provider, I consent and agree to:

- The Service Provider submitting a claim containing my personal information to Alberta Blue Cross on my behalf and I authorize payment of this claim by Alberta Blue Cross directly to the Service Provider.
- Alberta Blue Cross using my personal information to determine my eligibility for benefits, to adjudicate/pay claims, to administer the terms of my benefit plan and to verify/audit paid claims as described in the Alberta Blue Cross Privacy Policy posted at www.ab.bluecross.ca, and
- The Service Provider disclosing my personal information to Alberta Blue Cross for the above purposes.

**Please retain for your records**

# Easy steps for online submission with Coordination of Benefits between Alberta Blue Cross and another benefit carrier

- 1 **Enter details.** Click "Yes" if a portion of this claim has already been paid by another benefit carrier. Upon clicking, a second question will appear. Click "Yes" again if you would like to submit the remaining amount to this plan.

ALBERTA BLUE CROSS®

Optical Provider Online Services

PROVIDER SERVICES

ENTER CLAIM

... predetermination and processing

Enter patient COB information Enter details Predetermine Process claim

Test Test  
ID number 20149267-01  
Group number 99

COB details

\* Is the patient entitled to receive comparable benefits from any other insurance company, health benefits company or Alberta Blue Cross Plan?

☒ Yes ☐ No

ALBERTA BLUE CROSS®

Optical Provider Online Services

PROVIDER SERVICES

ENTER CLAIM

... predetermination and processing

Enter patient COB information Enter details Predetermine Process claim

Test Test  
ID number 20149267-01  
Group number 99

COB details

\* Is the patient entitled to receive comparable benefits from any other insurance company, health benefits company or Alberta Blue Cross Plan?

☒ Yes ☐ No

\* If the claim was submitted through another benefit carrier or provincial plan, would you like to submit the remaining amount to this plan?

☒ Yes ☐ No

\*Required

Cancel Next

- 2 **Enter the amount paid** by the other benefit carrier for each claim line. If payments have been made by two or more other benefit carriers, combine the amount paid and enter one total for each claim line and click "Add claim."

Repeat the same process until all lines have been entered, then click "Predetermine".

ALBERTA BLUE CROSS®

Optical Provider Online Services

PROVIDER SERVICES

ENTER CLAIM

... predetermination and processing

Enter patient COB information Enter details Predetermine Process claim

John Barnes  
ID number 382381600  
Group number 66

Claim information

\* Service date: 2014-08-17 (YYYY-MM-DD)

Claim details

\* Product: Choose one \* Price \$ \* Other Plan Paid \$

☒ Add claim

\*Required

Cancel Predetermine

Website Policy and Online Billing Agreement

Logged in as: Olga Anokhina

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- 3 **Process claim.** You will receive a confirmation from Alberta Blue Cross within seconds of your submission.

**ALBERTA BLUE CROSS**  
Optical Provider Online Services

**ENTER CLAIM**  
... predetermination and processing

Enter patient COB information Enter details **Predetermine** Process claim

**Test Test**  
ID number 20149267-01  
Group number 99

**Summary**  
Predetermination results as of March 28, 2018 Mountain Time.  
Please note that eligibility of coverage may change based on the date of service, change in benefit, maximum being reached, coordination of benefits or coverage terminates.

Service date March 28, 2018  
Total amount submitted \$ 200.00  
Plan(s) will pay 0.00  
Balance remaining 200.00

**\*This is not a receipt\***

**Details**  
Patient: Test  
Service provider: Optical Provider

Product	Amount claimed	Plan(s) will pay	Balance remaining	Explanation number
Eye Exam - Routine	200.00	0.00	200.00	4434, 16939
<b>Total</b>	<b>\$ 200.00</b>	<b>\$ 0.00</b>	<b>\$ 200.00</b>	

**Explanations**  
4434 This product is not eligible under your plan.  
16939 The information provided regarding your other insurance carrier does not match our records, therefore we are unable to process your claim electronically at this time. Please contact your insurance carrier to have your records updated.

[Modify](#) [Cancel](#) [Process claim](#)

[Click here to print.](#)

[Website Policy and Online Billing Agreement](#)

- 4 **Print summary.** A printable copy of the patient's claim statement is displayed. Click the "Print" command on the screen. You must provide the patient with a printed copy of the claim statement.

**ALBERTA BLUE CROSS**  
Optical Provider Online Services

Please click below to print the patient's claim statement:  
[Print Alberta Blue Cross](#)

**ALBERTA BLUE CROSS**

Date: March 28, 2018  
Document number: 85093485

**We're here to help!**  
Edmonton and area (780) 498-8000  
Calgary and area (403) 234-9666  
Toll free 1-800-661-6995  
8 a.m. - 5 p.m. MT  
www.ab.bluecross.ca

Patient name: Test, Test  
ID number 20149267-01  
Group: 99 Section: TS1

**Vision claim summary**

Service date (YYYY/MM/DD)	Product or service	Claimed amount	Eligible amount	Other plan paid	This plan paid	Explanation number*
2018/03/28	Eye Exam - Routine	200.00	0.00	0.00	0.00	4434, 16939
<b>Total</b>		<b>\$ 200.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	

**\*Explanations**  
4434 This product is not eligible under your plan.  
16939 The information provided regarding your other insurance carrier does not match our records, therefore we are unable to process your claim electronically at this time. Please contact your insurance carrier to have your records updated.

**Acknowledgement**  
By accepting this claim summary, I certify that the information on this claim summary is complete and accurate and the services and/or products listed have been received by the patient indicated. I also acknowledge that, by presenting my Alberta Blue Cross identification card or my identification number for a benefit plan administered by Alberta Blue Cross to the named Service Provider, I consent and agree to:

- The Service Provider submitting a claim containing my personal information to Alberta Blue Cross on my behalf and I authorize payment of this claim by Alberta Blue Cross directly to the Service Provider.
- Alberta Blue Cross using my personal information to determine my eligibility for benefits, to adjudicate/pay claims, to administer the terms of my benefit plan and to verify/audit paid claims as described in the Alberta Blue Cross Privacy Policy posted at [www.ab.bluecross.ca](#), and
- The Service Provider disclosing my personal information to Alberta Blue Cross for the above purposes.

*Please retain for your records*



# Easy steps to access reports for group or individual plan members, or Optical Assistance for Seniors program

**1 Reports.** This screen allows you to pull up all claims waiting to be paid, history of settled claims and individual statements.

## Outstanding Payment Report

The Outstanding Payment Report lists all transactions that are remaining to be paid and allows you to cancel a claim.

## Payment History Report

Once the transactions have been paid, they will be removed from the "Outstanding Payment Report" and will appear on the "Payment History Report". You can view payment history for the last six months.

## Patient Claim Statements

This allows you to print a copy of the patient claim statements.

## Note

**Sort:** for the Outstanding Payment Report, you can sort the column by clicking on the double headed arrow located beside the column title.



Service date (YYYY/MM/DD)	Patient	Product
2018-03-29	Shirley, Kenneth	Family
2018-03-29	Lee, David	Personal
2018-03-29	Reed, Jane	Personal
2018-03-29	Reed, Charles	Single
2018-03-29	Wells, Lisa	Eye Care

**Help:** for additional information, click on the help button (blue button with a question mark). The help button has answers to questions that are frequently asked about the section.

## 2 Outstanding Payment Report.

The Outstanding Payment Report lists all transactions that are remaining to be paid. Once the transactions have been paid, they will be removed from this report and appear on the Payment History Report.

### Outstanding Payment Report

View all claims remaining to be paid as of March 29, 2018  
You can view or cancel claims from within this report.

Create report

### REPORTS

... for viewing your transactions

**Optical Provider**  
10009 - 108 St NW  
Edmonton, AB  
T5J3C5

**Details**

Service date (YYYY/MM/DD)	Patient	Product or service
2017/02/15	Reynolds, Kenneth	Frames Repairs & Adjustments
2017/02/15	Reynolds, Kenneth	Prescription Glasses
2017/02/15	Reynolds, Kenneth	Prescription Glasses
2017/02/15	Reynolds, Kenneth	Single Vision (Readers) Contact
2017/02/15	Reynolds, Kenneth	Eye Exam - Routine

## 3 Payment History Report.

Claims statements are available to view and print for one year.

Payment history is available for claims submitted in the last six months.

### Payment History Report

To access your provider summary and claim statement, select the EFT payment date from the below drop-down menu.

Payment Date: - Choose one -  
- Choose one -  
2017-12-14

Create summary

Only date ranges within the previous six months can be entered.

Start Date: 2018-03-29 (YYYY-MM-DD)  
End Date: 2018-03-29 (YYYY-MM-DD)

Create report

### Payment History Report

for March 29, 2018 - March 29, 2018

**Optical Provider**  
10009 - 108 St NW  
Edmonton, AB, T5J3C5

Service date	Patient	Product or service	Amount claimed	Alberta Blue Cross paid	Preauthorization No.
2017/02/15	Reynolds, Kenneth	Glasses	150.00	0.00	85093479
2017/02/15	Reynolds, Kenneth	Frames & Lenses	150.00	0.00	85093479
2017/02/15	Reynolds, Kenneth	Glasses	150.00	0.00	85093479
2017/02/15	Reynolds, Kenneth	Single Vision	150.00	0.00	85093479
2017/02/15	Reynolds, Kenneth	Glasses	150.00	0.00	85093479
2017/02/15	Reynolds, Kenneth	Frames & Lenses	150.00	0.00	85093479
2017/02/15	Reynolds, Kenneth	Glasses	150.00	0.00	85093479
2017/02/15	Reynolds, Kenneth	Single Vision	150.00	0.00	85093479
2018/03/28	Test, Test	Frames Repairs & Adjustments	5.00	0.00	85093479
2018/03/28	Test, Test	Eye Exam - Routine	200.00	0.00	85093485

Click here to print.


Website Policy and Online Billing Agreement

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3a

## Provider Summary.

To access your claim statement, select the EFT payment date to create a pdf of your provider summary report, which can be saved or printed.



ALBERTA  
BLUE CROSS

**PROVIDER SUMMARY**

Date: December 12, 2017  
Health statement number: 53227245  
PAYMENT MADE BY DIRECT DEPOSIT: 8449064


John Doe  
123 ANYWHERE STREET  
BLUEVILLE AB L1L 1L1

**Health claim summary**

Total amount claimed	\$1,775.00
Amount not covered	\$1,430.00
Total amount paid	\$345.00

**Details**

Document number	ID number	Patient name	Amount claimed	Amount paid
85085341	294886200	Jane Doe	925.00	0.00
85085343	508242800	Sam Doe	350.00	115.00
85085348	262290420	Mary Doe	500.00	230.00
<b>Totals</b>		<b>Number of claims: 3</b>	<b>\$1,775.00</b>	<b>\$345.00</b>



ALBERTA  
BLUE CROSS

**PROVIDER SUMMARY**

**Detailed Listing**

Date: December 12, 2017  
Statement number: 53227245  
PAYMENT MADE BY DIRECT DEPOSIT: 8449064

John Doe  
123 ANYWHERE STREET  
BLUEVILLE AB L1L 1L1

**Patient name:** Jane Doe  
**ID number:** 294886200 **Group:** 101 **Section:** AK0 **Document ID:** 85085341

Service date YYYYMMDD	Product or service	Claimed amount	Eligible amount	Percent covered	Other plan paid	This plan paid	Explanation number*
2017/12/12	Prescription Lenses	750.00	0.00		0.00	0.00	33226
2017/12/12	Prescription glasses	175.00	0.00		0.00	0.00	33226
<b>Totals for Teiji</b>		<b>\$925.00</b>			<b>\$0.00</b>	<b>\$0.00</b>	

**\*Explanations**  
See the numbered explanations below for details of how your claims were assessed. More than one numbered explanation may apply to a claim line.  
33226 The maximum amount allowed for this service has been reached for this benefit period. You may be eligible for an additional benefit if new glasses/lenses are needed as a result of cataract surgery.

**Patient name:** Sam Doe  
**ID number:** 508242800 **Group:** 101 **Section:** AF6 **Document ID:** 85085343

Service date YYYYMMDD	Product or service	Claimed amount	Eligible amount	Percent covered	Other plan paid	This plan paid	Explanation number*
2017/12/12	Single Vision (Readers/ Bifocals	275.00	115.00	100%	0.00	115.00	307
2017/12/12	Bifocals	75.00	0.00		0.00	0.00	33226
<b>Totals for Roy</b>		<b>\$350.00</b>			<b>\$0.00</b>	<b>\$115.00</b>	



**\*Explanations**  
See the numbered explanations below for details of how your claims were assessed. More than one numbered explanation may apply to a claim line.  
307 Payment has been reduced as the maximum amount payable for the benefit or benefit period has been reached. Any remaining portion is not eligible for reimbursement on this plan.  
33226 The maximum amount allowed for this service has been reached for this benefit period. You may be eligible for an additional benefit if new glasses/lenses are needed as a result of cataract surgery.

**Patient name:** Mary Doe  
**ID number:** 262290420 **Group:** 101 **Section:** AK0 **Document ID:** 85085348

Service date YYYYMMDD	Product or service	Claimed amount	Eligible amount	Percent covered	Other plan paid	This plan paid	Explanation number*
2017/12/12	Prescription glasses	500.00	230.00	100%	0.00	230.00	307
<b>Totals for Adele</b>		<b>\$500.00</b>			<b>\$0.00</b>	<b>\$230.00</b>	

**\*Explanations**  
See the numbered explanations below for details of how your claims were assessed. More than one numbered explanation may apply to a claim line.  
307 Payment has been reduced as the maximum amount payable for the benefit or benefit period has been reached. Any remaining portion is not eligible for reimbursement on this plan.

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3b

**Payment History Report.**


Enter a start date and an end date for the claim information you wish to display.

All transactions that have been paid by Alberta Blue Cross to your office within the specified time are listed on a printer friendly screen. Statement IDs and document numbers are included for your reference, as well as details about each patient's claim.

Only date ranges within the previous six months can be entered.

Start Date   End Date    
 (YYYY-MM-DD) (YYYY-MM-DD)

[Create report](#)



Optical Provider

10009 - 100 St NW

Edmonton, AB, T5J3C5

Payment History Report


for March 29, 2018 - March 29, 2018

Service date	Patient	Product or service	Amount claimed	Alberta Blue Cross paid	Preauthorization No.
2018/03/28	Test, Test	Lenses	121.00	0.00	85093478
2018/03/28	Test, Test	Frames & Lenses	121.00	0.00	85093478
2018/03/28	Test, Test	Lenses	121.00	0.00	85093478
2018/03/28	Test, Test	Frames & Lenses	75.00	0.00	85093478
2018/03/28	Test, Test	Lenses	75.00	0.00	85093478
2018/03/28	Test, Test	Frames & Lenses	200.00	0.00	85093478
2018/03/28	Test, Test	Lenses	200.00	0.00	85093478
2018/03/28	Test, Test	Frames Repairs & Adjustments	5.00	0.00	85093479
2018/03/28	Test, Test	Eye Exam - Routine	200.00	0.00	85093485

Click here to print.

Website Policy and Online Billing Agreement

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# Easy steps to cancel a claim for group or individual plan members, or Optical Assistance for Seniors program

- 1 **Report.** Create an Outstanding Payment Report.

**Group, Individual and Optical Assistance for Seniors Program Payment Reports**

**Outstanding Payment Report**

View all claims remaining to be paid as of March 29, 2018  
You can view or cancel claims from within this report

[Create report](#)

- 2 **Cancel.** To cancel a claim, click the hyperlink.

**ALBERTA BLUE CROSS** Optical Provider Online Services

**PROVIDER SERVICES** **REPORTS** for viewing your transactions

Site overview  
Group and Individual plans  
Optical Assistance for Seniors Program  
Enter claim  
**Reports**  
Alberta Human Services and AISH programs  
Government of the Northwest Territories program  
Change password

**Optical Provider**  
10009 - 108 St NW  
Edmonton, AB  
T5J3C5

**Details**

Need help cancelling a claim ?

Service date (YYYY/MM/DD)	Patient	Product or service	Amount claimed	Alberta Blue Cross paid	Document No.	Action
2018/03/28	Test Test	Frames Repairs & Adjustments	5.00	0.00	85093479	<a href="#">View</a> <a href="#">Cancel</a>
2018/03/28	Test Test	Eye Exam - Routine	200.00	0.00	85093485	<a href="#">View</a> <a href="#">Cancel</a>

[Click here to print.](#)

[Website Policy and Online Billing Agreement](#)

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## Note

If a payment run is in progress, you will receive notification that the claim cannot be cancelled.

**ALBERTA BLUE CROSS** Optical Provider Online Services

**PROVIDER SERVICES** **REPORTS** for viewing your transactions

Site overview  
Group and Individual plans  
Optical Assistance for Seniors Program  
Enter claim  
**Reports**  
Alberta Human Services and AISH programs  
Government of the Northwest Territories program  
Change password

**Optical Provider**  
10009 - 108 St NW  
Edmonton, AB  
T5J3C5

**Details**

**Information message**  
Cancellation options are unavailable at this time as our payment runs are currently in progress. We apologize for this inconvenience and encourage you to review the steps in "Need help cancelling a claim".

Need help cancelling a claim ?

If the cancellation hyperlink is inactive, either the payment run is in progress or the document has exceeded the cancellation timeframe and the claim cannot be cancelled online. Please refer to the help icon for further instructions about how to cancel your claim.

**ALBERTA BLUE CROSS** Optical Provider Online Services

**PROVIDER SERVICES** **REPORTS** for viewing your transactions

Site overview  
Group and Individual plans  
Optical Assistance for Seniors Program  
Enter claim  
**Reports**  
Alberta Human Services and AISH programs  
Government of the Northwest Territories program  
Change password

**Optical Provider**  
10009 - 108 St NW  
Edmonton, AB  
T5J3C5

**Details**

Need help cancelling a claim ?

Service date (YYYY/MM/DD)	Patient	Product or service	Amount claimed	Alberta Blue Cross paid	Document No.	Action
2018/03/28	Test Test	Frames Repairs & Adjustments	5.00	0.00	85093479	<a href="#">View</a> <a href="#">Cancel</a>

**3 Cancellation review.** If you choose to cancel a claim, you will be asked for the reason. A drop-down menu lists common reasons.

When cancelling a claim, all claims associated with the document number must be cancelled.

If you select “Other”, please provide the reason.

**ALBERTA BLUE CROSS**

### Cancellation Review

Please review claims listed below. Enter a cancellation reason and press the Ok button to submit for cancellation. If you no longer wish to cancel the claims listed below, press the Back button.

**Details**

Service date (YYYY/MM/DD)	Patient	Product or service	Amount claimed	Alberta Blue Cross paid	Document No.
2018/03/28	Test, Test	Eye Exam - Routine	200.00	0.00	85093485

What is the reason for cancelling the claim?

- Select one -

- Select one -

Additional services provided

Claim entered in error

Client returned product

Other

Back

OK

**ALBERTA BLUE CROSS**

### Cancellation Review

Please review claims listed below. Enter a cancellation reason and press the Ok button to submit for cancellation. If you no longer wish to cancel the claims listed below, press the Back button.

**Details**

Service date (YYYY/MM/DD)	Patient	Product or service	Amount claimed	Alberta Blue Cross paid	Document No.
2018/03/28	Test, Test	Eye Exam - Routine	200.00	0.00	85093485

What is the reason for cancelling the claim?

Other

Please enter the other reason

Back

OK

**4 Cancellation.** Once a claim has successfully been cancelled, your confirmation will appear at the top of the screen.

**ALBERTA BLUE CROSS**

Optical Provider Online Services

**PROVIDER SERVICES**

**REPORTS**

... for viewing your transactions

Information message

Document number 85093485 for Test Test has been cancelled.

**Optical Provider**

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Edmonton, AB  
T5J3C5

**Details**

Need help cancelling a claim ?



# Easy steps to submit and process a claim for Alberta Human Services

## Preauthorizing benefits

### 1 Enter the patient's information.

Choose "Alberta Human Services and AISH programs" in the sidebar on the left. Navigate to the "Preauthorize" menu option and enter the patient's ID number and date of birth exactly as it appears on their ID card.

Answer the question about Coordination of Benefits information and click the "Search" button.

The screenshot shows the Alberta Blue Cross website. In the left sidebar, under 'PROVIDER SERVICES', the 'Preauthorize' option is highlighted with a red circle. The main content area is titled 'ALBERTA HUMAN SERVICES AND AISH PROGRAMS' and includes instructions on how to use the site.

### 2 Select benefit.

Choose a benefit type from the drop-down menu and select "Next".

The screenshot shows the 'Patient information' form. The 'Search' button is highlighted with a red circle. The form includes fields for 'ID number' and 'Date of birth', and a question about 'Is the patient entitled to receive comparable benefits from any other insurance company, health benefits company or Alberta Blue Cross Plan?'.

### 3 Enter details.

Choose the applicable product code from the drop-down menu. If required, please include prescription information.

You will be asked to enter the applicable information. For example, if you are claiming a lens, you will choose the body side, lens code and vision code.

When entering the prescription details with positive values, the plus (+) sign is not required.

Click the "Preauthorize" button.

The screenshot shows the 'Benefit details' form. The 'Next' button is highlighted with a red circle. The form includes a 'Benefit type' drop-down menu and a 'Required' label.

The screenshot shows the 'Complete set of glasses' form. The 'Preauthorize' button is highlighted with a red circle. The form includes fields for 'Lens code', 'Vision code', and a table for prescription details (Right/Left, Sphere, Cylinder, Axis, Prism, ADD).

**4 Preauthorize.** This is the screen where you will be provided with the preauthorization results. You can print this page or find the preauthorization result in the reports section.

If a claim has been approved on an exception basis by the program sponsor, one of the Health Services Provider Relations representatives will contact you to set up the preauthorization. Please submit a fully completed claim form once the claim has been authorized.

### Note

Preauthorizations are valid for 180 days.

## Entering claims

**1 Enter the preauthorization number** in the field provided. To view all preauthorizations affiliated with your office, simply select "View All."

**Preauthorization results**

Provider: Optical Provider  
 Patient name: Test Test  
 Identification number: 123456789  
 Preauthorization number: 85093492  
 Preauthorization dates: 2018-03-29  
 Preauthorization will remain valid for 180 days from the preauthorization date.

**Complete set of glasses**

Lens Code: Glass  
 Vision Code: Bifocal

	Sphere	Cylinder	Axis	Prism	ADD
Right	1.00	1.00	11	1.00	1.00
Left	1.00	1.00	11	1.00	10.00

**PROVIDER COPY ONLY**  
 Please retain for your records

[Click here to print.](#)

**2 Enter details.** Your preauthorized claim details will be populated in the "Enter Claim" screen. If there are additional products, select the product code and body side. Then, click "Add product." Repeat these steps for each product being added.

Some products may require medical information for eligibility. From the drop-down menu, choose the patient's applicable medical condition.

Once all products have been selected, enter the corresponding amounts. Click the "Process Claim" button.

**ENTER CLAIM**  
 ... locate a preauthorization for processing

Enter preauthorization Enter details Process claim

Enter the preauthorization number

Preauthorization number

Clear Search **View all**

[Website Policy and Online Billing Agreement](#)

**Outstanding Preauthorizations**

Click the button beside the preauthorization number that you wish to submit. If a preauthorization needs to be cancelled, click the Cancel button.

Preauthorization date (YYYY/MM/DD)	Patient	ID number	Benefit type	Preauthorization number	Action
2018/03/29	Test, Test	123456789	Complete Set	85093492	<b>Enter claim</b> Cancel
	Test, Test	123456789	Complete Set	85093492	Enter claim Cancel

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[Website Policy and Online Billing Agreement](#)

**Enter claim**

Echezonachika Okolo  
 ID number 1067218451  
 Preauth number 85104408

Claim information

Service date: 2018-09-17 (YYYY-MM-DD)

**Prescription Information**

	Sphere	Cylinder	Axis	Prism	ADD
Right	-10.00	-10.00	200	0.00	2.50
Left	-10.00	-10.00	200	0.00	2.50

Vision type: Single Lens type: Plastic

**Lens**

Product code: Choose one Body side: Choose one **Add product**

Code	Description	Body side	Amount \$
1010	Lens	Left	
1010	Lens	Right	\$ 0.00

\*Required

Cancel **Process claim**

**3 Process claim.** Once the claim has been processed, you will receive notification that the claim has been successfully submitted.

**4 View claim statement.** You will receive confirmation of your submission. You may save a copy for your records.

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Optical Provider Online Services

**ENTER CLAIM**  
... locate a preauthorization for processing

Enter preauthorization Enter details **Process claim**

**Test Test**  
ID number 123456789

This claim has been submitted to Alberta Blue Cross successfully.

**View statement**

If you require Adobe Acrobat Reader, please click the link below  
<http://www.adobe.com/products/acrobat/readstep2.html>

Website Policy and Online Billing Agreement

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Logged in as:  
Optical Provider

**ALBERTA BLUE CROSS®**

**Optical Provider**  
10009 - 108 St NW  
Edmonton, Alberta  
T5J 3C5

Statement date: March 29, 2018

Patient name: Test Test  
ID number: 123456789  
Service date: March 29, 2018  
Preauthorization number: 85093492

Product	Claimed amount	This plan paid	Patient pays	Explanation number*
1000 - Frame & case	100.00	74.48	25.52	12983
1010 - Lens	100.00	61.55	38.45	12983
1010 - Lens	100.00	61.55	38.45	12983
<b>Total</b>	<b>\$300.00</b>	<b>\$197.58</b>	<b>\$102.42</b>	

**\*Explanations**  
12983 The claimed amount is greater than the eligible amount allowed by your plan for this product.

**PROVIDER COPY ONLY**  
Please retain for your records.

# Easy steps to access reports for Alberta Human Services

**1 Reports.** This screen allows you to pull up all claims waiting to be paid, a history of settled claims and individual statements.

## Outstanding Pre-authorization Report

The Outstanding Preauthorization Reports lists all outstanding preauthorizations submitted by your office.

## Outstanding Payment Report

The Outstanding Payment Report lists all transactions that are remaining to be paid and allows you to cancel a claim.

## Payment History Report

Once the transactions have been paid, they will be removed from the "Outstanding Payment Report" and will appear on the "Payment History Report". You can view payment history for the last six months.

## Patient Claim Statements

This allows you to print a copy of the patient claim statements.

## Note

**Sort:** for the Outstanding Payment Report, you can sort the column by clicking on the double headed arrow located beside the column title.



Service date (YYYY/MM/DD)	Patient	Product
2018/03/29	Shelley, Kenneth	Prescription
2018/03/29	Ben, Scott	Prescription
2018/03/29	Nicole, Jane	Prescription
2018/03/29	Nicole, Charles	Single Vision
2018/03/29	Walter, Lyle	Eye Exam

**?** **Help:** for additional information, click on the help button (blue button with a question mark). The help button has answers to questions that are frequently asked about the section.

## 2 Outstanding Payment Report.

The Outstanding Payment Report lists all transactions that are remaining to be paid. Once the transactions have been paid, they will be removed from this report and appear on the Payment History Report.

### Outstanding Payment Report

View all claims remaining to be paid as of March 29, 2018  
You can view or cancel claims from within this report.

Create report

Optical Provider Online Services

**PROVIDER SERVICES**

**REPORTS**  
...for viewing your transactions

Site overview

Group and individual plans

Optical Assistance for Seniors Program

Alberta Human Services and AISI programs

Presubmit

Enter claim

**Reports**

Government of the Northwest Territories program

Change password

Reminder question

Contact us

Sign out

Logged in as:  
Optical Provider

**Optical Provider**

10009 - 108 St NW  
Edmonton, AB  
T5J3C5

**Details**

Need help cancelling a claim?

Service date (YYYY/MM/DD)	Patient	Product or service	Amount claimed	Alberta Blue Cross paid	Preauthorization No.	Action
2017-12-18	Reynolds, Michael	Lens	100.00	0.00	85093492	View
2017-12-18	Reynolds, Michael	Frame & case	100.00	0.00	85093492	View
2017-12-18	Reynolds, Michael	Lens	100.00	0.00	85093492	View
2017-12-12	Sabatia, Stephen Singh	Lens	75.00	0.00	85093492	View
2017-12-12	Sabatia, Stephen Singh	Lens	75.00	0.00	85093492	View
2017-12-12	Sabatia, Stephen Singh	Frame & case	250.00	75.00	85093492	View
2017-12-12	Sabatia, Stephen Singh	Clear Hardening	75.00	75.00	85093492	View
2017-12-12	Sabatia, Stephen Singh	Clear Hardening	75.00	75.00	85093492	View
2017-12-12	Reynolds, Michael	Frame & case	100.00	75.00	85093492	View
2017-12-12	Reynolds, Michael	Lens	100.00	0.00	85093492	View
2017-12-12	Reynolds, Michael	Lens	100.00	0.00	85093492	View
2017-12-12	Reynolds, Michael	Lens	75.00	0.00	85093492	View
2017-12-12	Reynolds, Michael	Frame & case	250.00	75.00	85093492	View

## 3 Payment History Reports.

**Claims statements** are available to view and print for one year.

**Payment history** is available for claims submitted in the last six months.

### Payment History Report

To access your provider summary and claim statement, select the EFT payment date from the below drop-down menu.

Payment Date: - Choose one -

Create summary

Only date ranges within the previous six months can be entered.

Start Date: 2018-03-29 (YYYY-MM-DD)

End Date: 2018-03-29 (YYYY-MM-DD)

Create report

## 3a Provider Statement.

To access your claim statement, select the EFT payment date to create a PDF of your provider summary report, which can be saved or printed.

**Optical Provider**

10009 - 108 St NW  
Edmonton, Alberta  
T5J 3C5

Statement date: March 29, 2018

Patient name: Test Test  
ID number: 123456789  
Service date: March 29, 2018  
Preauthorization number: 85093492

Product	Claimed amount	This plan paid	Patient pays	Explanation number*
1000 - Frame & case	100.00	74.48	25.52	12983
1010 - Lens	100.00	61.55	38.45	12983
1010 - Lens	100.00	61.55	38.45	12983
<b>Total</b>	<b>\$300.00</b>	<b>\$197.58</b>	<b>\$102.42</b>	

\*Explanations

12983 The claimed amount is greater than the eligible amount allowed by your plan for this product.

**PROVIDER COPY ONLY**  
Please retain for your records.

3b

### Payment History Report.

Enter a start date and an end date for the claim information you wish to display.

All transactions that have been paid by Alberta Blue Cross to your office within the specified time are listed on a printer friendly screen. Statement IDs and document numbers are included for your reference, as well as details about each patient's claim.

#### Payment History Report

To access your provider summary and claim statement, select the EFT payment date from the below drop-down menu.


Payment Date - Choose one -

Create summary

Only date ranges within the previous six months can be entered.

Start Date 2018-03-29 (YYYY-MM-DD) End Date 2018-03-29 (YYYY-MM-DD)

Create report





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**BLUE CROSS®**

Optical Provider  
10009 - 108 St NW  
Edmonton, AB, T5J3C5

Payment History Report  
for March 29, 2018 - March 29, 2018

Service date	Patient	Product or service	Amount claimed	Alberta Blue Cross paid	Preauthorization No.
2018/03/28	Reynolds, Michael	Lens	10.00	0.00	85093479
2018/03/28	Reynolds, Michael	Frames & lens	10.00	0.00	85093479
2018/03/28	Reynolds, Michael	Lens	10.00	0.00	85093479
2018/03/28	Schultz, Stephen Singh	Lens	75.00	0.00	85093479
2018/03/28	Schultz, Stephen Singh	Lens	75.00	0.00	85093479
2018/03/28	Schultz, Stephen Singh	Frames & lens	200.00	75.00	85093479
2018/03/28	Schultz, Stephen Singh	Glasses Hardening	75.00	75.00	85093479
2018/03/28	Schultz, Stephen Singh	Glasses Hardening	75.00	75.00	85093479
2018/03/28	Test, Test	Frames Repairs & Adjustments	5.00	0.00	85093479
2018/03/28	Test, Test	Eye Exam - Routine	200.00	0.00	85093495
<div> <div></div> <div> <a href="#">Click here to print.</a> </div> <div></div> </div>					
<a href="#">Website Policy and Online Billing Agreement</a>					
<div> <div></div> <div></div> </div>					

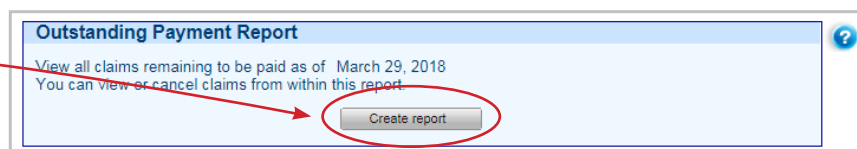
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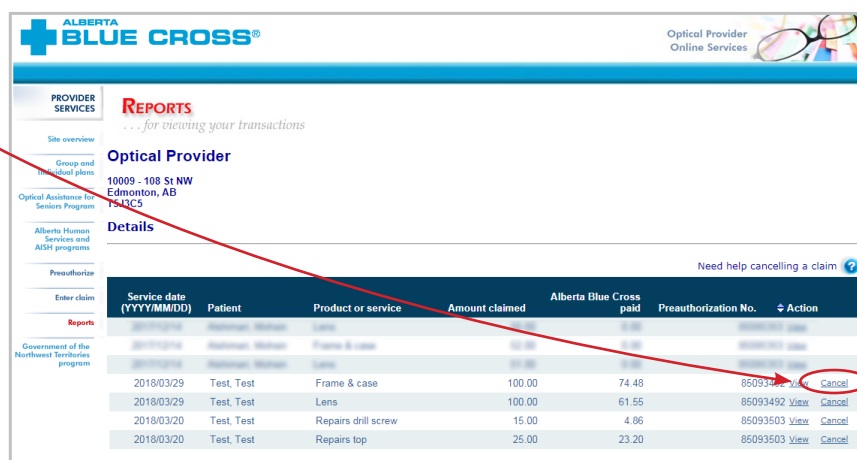


# Easy steps to cancel a claim for Alberta Human Services

- 1 **Report.** Create an Outstanding Payment Report.

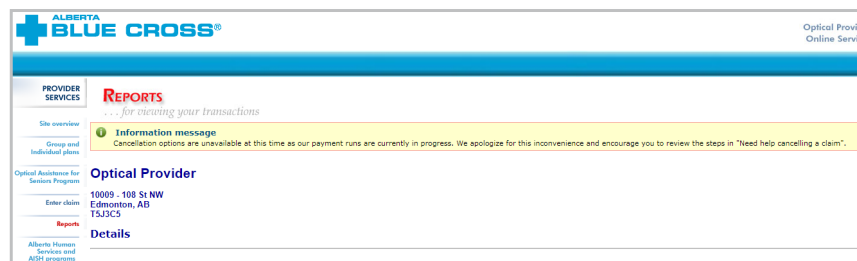


- 2 **Cancel.** To cancel a claim, click the hyperlink.



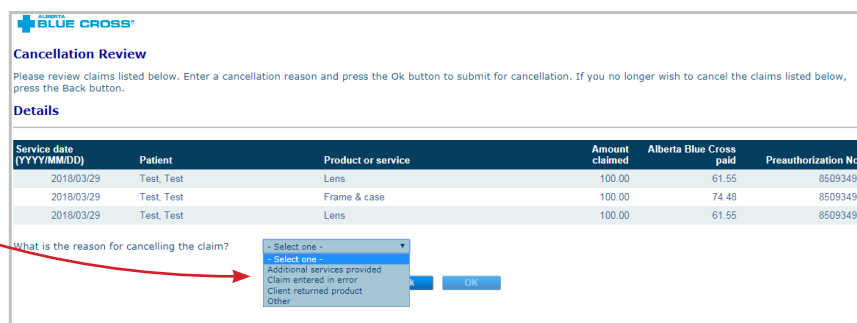
## Note

If the cancellation hyperlink is inactive, either the document has exceeded the cancellation timeframe or the payment run is in progress and the claim cannot be cancelled online. If a payment run is in progress, you will receive a red text notification. Please refer to the help icon for further instructions about how to cancel your claim.



- 3 **Cancellation Review.** If you choose to cancel a claim, you will be asked for the reason. A drop-down menu lists common reasons.

When cancelling a claim, all claims associated with the document number must be cancelled.



If you select "other",  
please provide the reason.

**ALBERTA BLUE CROSS**

### Cancellation Review

Please review claims listed below. Enter a cancellation reason and press the Ok button to submit for cancellation. If you no longer wish to cancel the claims listed below, press the Back button.

**Details**

Service date (YYYY/MM/DD)	Patient	Product or service	Amount claimed	Alberta Blue Cross paid	Preauthorization No.
2018/03/29	Test, Test	Lens	100.00	61.55	85093492
2018/03/29	Test, Test	Frame & case	100.00	74.48	85093492
2018/03/29	Test, Test	Lens	100.00	61.55	85093492

What is the reason for cancelling the claim? Other ▼

Please enter the other reason

Back OK

- 4 Cancellation.** Once a claim has successfully been cancelled, your confirmation will appear at the top of the screen.

### Note

Cancelling a claim does not cancel a preauthorization associated with the claim. The preauthorization must be cancelled separately, or it can be used to process a new claim.

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Optical Provider Online Services

**PROVIDER SERVICES**

**REPORTS**  
... for viewing your transactions

**Information message**  
Document number 85093492 for Test Test has been cancelled.

**Optical Provider**  
10009 - 108 St NW  
Edmonton, AB  
T5J3C5

**Details**

Need help cancelling a claim?

Service date (YYYY/MM/DD)	Patient	Product or service	Amount claimed	Alberta Blue Cross paid	Preauthorization No.	Action
---------------------------	---------	--------------------	----------------	-------------------------	----------------------	--------

# Easy steps to cancel a preauthorization for Alberta Human Services

- 1 Report.** Create an Outstanding Preauthorization Report by entering the date range.

Group and Individual plans  
Optical Assistance for Seniors Program  
Alberta Human Services and AISH programs  
Preauthorize  
Enter claim

## Alberta Human Services and AISH Programs Payment Reports and Outstanding Preauthorizations

### Outstanding Preauthorizations

You can view or cancel claims from within this report.

Start Date (YYYY-MM-DD) End Date (YYYY-MM-DD)

Create report

- 2 Cancel.** Select the preauthorization number and click "cancel."

## Note

A preauthorization cannot be cancelled if any associated claims are still active.

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REPORTS  
for viewing your transactions

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Edmonton, AB  
TSJ3C5

### Outstanding Preauthorizations

Click the button beside the preauthorization number that you wish to submit. If a preauthorization needs to be cancelled, click the Cancel button.

Preauthorization date (YYYYMMDD)	Patient	ID number	Benefit type	Preauthorization number	Action
20180329	Test, Test	123456789	Complete Set	85093492	Enter claim Cancel
	Test, Test	123456789	Complete Set	85093492	Enter claim Cancel
	Test, Test	123456789	Eye Exam	85093508	Enter claim Cancel
	Test, Test	123456789	Repairs	85093506	Enter claim Cancel

Click here to print  
Website Policy and Online Billing Agreement

- 3 Confirm.** You will be asked to confirm that you want to cancel the preauthorization.

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### Outstanding Preauthorizations

Click the button beside the preauthorization number that you wish to submit. If a preauthorization needs to be cancelled, click the Cancel button.

Preauthorization date (YYYYMMDD)	Patient	ID number	Benefit type	Preauthorization number	Action
20180329	Test, Test	123456789	Complete Set	85093492	Enter claim Cancel
	Test, Test	123456789	Complete Set	85093492	Enter claim Cancel
	Test, Test	123456789	Eye Exam	85093508	Enter claim Cancel
	Test, Test	123456789	Repairs	85093506	Enter claim Cancel

- 4 Cancellation.** A message is displayed at the top of the screen when the preauthorization has been cancelled successfully.

ALBERTA BLUE CROSS®  
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PROVIDER SERVICES  
REPORTS  
for viewing your transactions

Information message  
Preauthorization #85093492 for Test Test has been cancelled.

Optical Provider  
10009 - 108 St NW  
Edmonton, AB  
TSJ3C5

### Outstanding Preauthorizations

Click the button beside the preauthorization number that you wish to submit. If a preauthorization needs to be cancelled, click the Cancel button.

Preauthorization date (YYYYMMDD)	Patient	ID number	Benefit type	Preauthorization number	Action
	Test, Test	123456789	Eye Exam	85093508	Enter claim Cancel
	Test, Test	123456789	Repairs	85093506	Enter claim Cancel

## Technical information

Using the Optical Services Provider website, an Internet connection and your browser, you can submit claims online at your convenience. Most computer systems today have everything required to use this website successfully.

### We're serious about privacy and security

The confidentiality of your records is very important—to you and to us. You are responsible for your login ID and password. They are intended for your office's use only. We protect your information in various ways, including

- encrypting all information,
- securely delivering your login ID and password,
- denying access to website users after five consecutive unsuccessful sign-in attempts,
- automatically signing site users out after 30 minutes of inactivity, and
- requiring written authorization before granting access to the Optical Services Provider web site.



## Contact us

For more information about access to the Health Services Provider website contact Alberta Blue Cross Health Provider Service Relations at

- **780-498-8083** (Edmonton and area),
- **1-800-588-1195** (toll free), or
- **healthinq@ab.bluecross.ca.**

[\*\*provider.ab.bluecross.ca/health\*\*](https://provider.ab.bluecross.ca/health)

The online claims submission system  
is available Monday to Sunday,  
8 a.m. to 9:30 p.m. Mountain Time.

Our regular office hours are Monday to Friday,  
8:30 a.m. to 5 p.m. Mountain Time.

