



# Health Services provider user guide



## online claims submission

... convenient service, delivered  
through an easy-to-use secure web site

<http://provider.ab.bluecross.ca/health>



# Health services provider user guide online claims submission

Alberta Blue Cross is pleased to offer online claims submission for health services providers. This convenient service is delivered through an easy-to-use secure web site and is available at no cost to health providers across Alberta.

Online submission provides the convenience of direct billing for eligible services for your customers with coverage through Alberta Blue Cross group plans, individual plans and those with coverage through ASEBP. You are assured of prompt payment directly from Alberta Blue Cross, while retaining existing customers and gaining 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, you must complete the Request for Secure Web Site Access web form and the Application for Direct Deposit of Funds form. Details about completing these forms can be accessed through our public web site at [ab.bluecross.ca](http://ab.bluecross.ca).

**Please mail or fax your completed forms to**

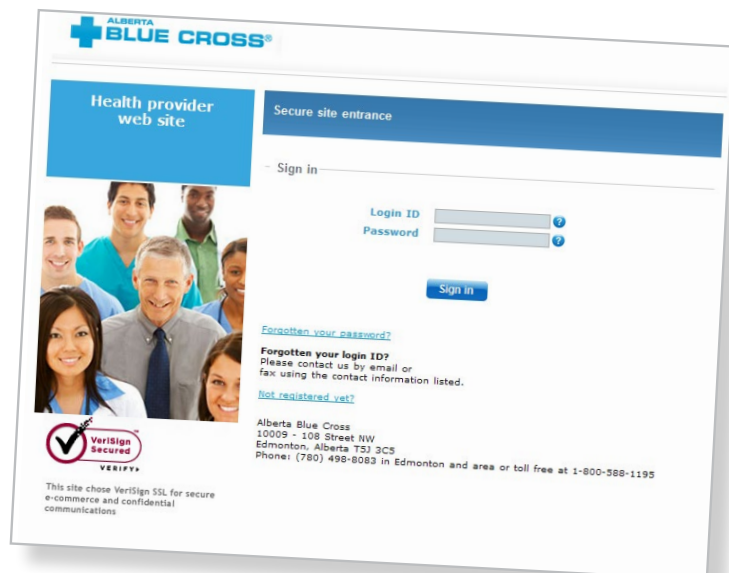
Health Provider Services, Alberta Blue Cross  
10009 108 Street, Edmonton, AB T5J 3C5  
Fax: 780-498-3544

The Health Provider Services team at Alberta Blue Cross will create your web site 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 Online Health Provider web site at <http://provider.ab.bluecross.ca/health> and enter the login ID and password in the applicable fields.

You will be asked to agree to the Web Site 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!

Claiming online is quick, easy and secure! After validating a patient's identity and predetermining 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.



## 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

## Steps for online submission

### 1 Enter the patient's information:

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.

Note: Any dates, such as service or birth dates, can be entered either with or without a slash between numbers. The system will accept both formats. This applies to all screens.

The screenshot shows the top navigation bar of the Alberta Blue Cross Health provider portal. The 'Enter claim' option is highlighted with a red circle. Below the navigation bar, the 'Enter claim' section is visible, featuring input fields for 'ID number' (1234567), 'Group number' (1), and 'Date of birth (YYYY-MM-DD)' (1972-01-01). There are 'Clear' and 'Search' buttons at the bottom of the form.

### 2 Verify whether patient has Coordination of Benefits:

Confirm if the patient has other active coverage and if payment has been made by another benefit carrier or provincial plan.

If "No": continue to next page.

If "Yes": continue to page 9.

The screenshot shows the 'Coordination of Benefits Information' section of the 'Enter claim' form. It includes a 'Patient information' table with fields for Name (Smith, John), ID number (1234567-22), and Group number (1). Below this is the 'COB information' section with the question: 'Is the patient entitled to receive comparable benefits from any other insurance company, health benefits company or Alberta Blue Cross Plan?'. The 'No' radio button is highlighted with a red circle and a red arrow pointing to it. There are 'Cancel' and 'Next' buttons at the bottom.

If "Yes", and the patient has active coverage with another benefit carrier, continue to the COB section on page 9.

### 3 Provider type:

If your clinic is registered with multiple provider types and has single sign on, please select the provider type for this report from the drop-down menu.

If your clinic is registered as an individual provider type, the "Provider of service" field will be populated automatically.

The screenshot shows the 'Enter claim' page for a Health provider. The 'Provider of service' dropdown menu is highlighted with a red circle. The page includes a navigation bar with 'Overview', 'Enter claim', 'Reports', 'Resources', and 'Your profile'. The 'Enter claim' section has a sub-header 'Provider of service'. Below this is a 'Patient information' table with fields for Name, ID number, and Group number. The 'Claim type' field is also visible.

4 **Enter details:** Select a service and enter the total cost. Using the drop-down menu, select the practitioner who performed the service. If you have not previously added the practitioner details, you will need to add them into the system.

### 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.

The screenshot shows the 'Enter details' section of the 'Enter claim' page. The 'Service date' field is populated with 'YYYY-MM-DD'. The 'Service' dropdown menu is highlighted with a red circle. The 'Total cost' field is also visible. The 'Practitioner' dropdown menu is highlighted with a red circle. The 'Add claim' button is visible at the bottom.

4a

**Enter details:** To add a practitioner to the system, click "Add Practitioner". A new window will populate, asking for practitioner information. Enter the details as required, and click "OK". The system will validate the practitioner in real-time.

**ALBERTA BLUE CROSS®**

**Add your practitioner**

Please fill in the required fields to add a provider

**General information**

First name

\*Last name  \*Include last name only

\*Association/College number

**\*Required fields**

## Note

If you add a practitioner who isn't eligible to perform a service on the given date, the error message "Practitioner is not eligible on the date of service" will appear. At this point you will be unable to proceed entering claim details.

**Enter claim**  
**Enter details**

**Error**

The provider was not valid on the date the service was provided. Please contact an Alberta Blue Cross representative at (780)-498-8083 (Edmonton & areas), toll-free in other areas of Canada 1-800-588-1195

**Patient information**

Name	Smith, John
ID number	1234567-22
Group number	1

Claim type

Provider of service

Claim details

Service date (YYYY-MM-DD)

Service

Total cost (\$)

Practitioner  [Add Practitioner](#)

[Practitioner Details](#)



## Note

If you add a practitioner who is not registered in our system, the error message "Unable to locate practitioner" will appear. At this point you will be unable to proceed entering claim details.

If you receive either of these messages, please contact us at 780-498-8083 (Edmonton and area) or toll free at 1-800-588-1195 (other areas of Canada).

**ALBERTA BLUE CROSS®**

**Add your practitioner**

Please fill in the required fields to add a provider

**Error**

We are unable to locate your information on our provider file. Please contact an Alberta Blue Cross representative at (780)-498-8083 (Edmonton & areas), toll-free in other areas of Canada 1-800-588-1195

**General information**

First name

\*Last name  \*Include last name only

\*Association/College number

\*Required fields

- 4b Enter details:** Once the added practitioner is validated, you will be taken back to the "Enter details" screen. The added provider will now be selectable using the drop-down menu. Enter the claim details as required and click "**Add claim**". If you have more claims to enter, continue entering them and verify details as they appear in the claim details table. Once complete, click "**Predetermine**".

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**Overview Enter claim Reports Resources Your profile**

**Enter claim**

**Enter details**

**Patient information**

Name	Smith, John
ID number	1234567-22
Group number	1

- Claim type ⓘ

Provider of service

- Claim details ⓘ

Service date (YYYY-MM-DD)

Service

Total cost (\$)

Practitioner  [Add Practitioner](#)

4b

**Enter details:** continued

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**Overview** **Enter claim** Reports Resources Your profile

ABC Health Clinic

**Enter claim**  
**Enter details**

**Patient information**

Name	Smith, John
ID number	1234567-22
Group number	1

**Claim type** ⓘ

Provider of service

**Claim details** ⓘ

Service date (YYYY-MM-DD)

Service

Total cost (\$)

Practitioner  [Add Practitioner](#)

[Practitioner Details](#)

[Add claim](#)

Service date (YYYY-MM-DD)	Service	Total cost (\$)	Practitioner		
2016-02-04	Massage Therapy	100.00	Jane Doe	<a href="#">Modify</a>	<a href="#">Remove</a>
		<b>\$100.00</b>			

[Cancel](#) [Predetermine](#)

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.

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**Overview** **Enter claim** Reports Resources Your profile

ABC Health Clinic

**Enter claim**  
**Predetermine**

**Patient information**

Name	Smith, John
ID number	1234567-22
Group number	1

**- Summary**

**Predetermination results as of Feb 4, 2016 10:10 AM Mountain Standard 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.

Total amount submitted:	\$100.00
Plan(s) will pay:	\$0.00
<b>Balance remaining:</b>	<b>\$100.00</b>

**\*This is not a receipt\*. Your claim has not been submitted.**  
**Please click the Modify, Cancel, or Process Claim button at the bottom of this page.**

**- Details**


[Show details](#)

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



**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. You must provide the patient with a printed copy of the Claim Statement.

 Health provider

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OverviewEnter claimReportsResourcesYour profile

You must provide the patient with a printed copy of this claim statement. Please click below to print.  
[Print Alberta Blue Cross Statement](#)



Date: February 4, 2016  
Document number: 47785055

**We're here to help!**  
Edmonton and area (780)498-8000  
Calgary and area (403)234-9666  
Toll free 1-800-661-6995  
8:30 a.m. - 5 p.m. MT  
www.ab.bluecross.ca

Patient name: Smith, John  
ID number 1234567-22  
Group: 1      Section: EXT

**Health claim summary**

Total amount claimed	\$100.00
Total amount not paid	\$100.00
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:** Jane  
**Service provider:** ABC Health Clinic

Service date (YYYY/MM/DD)	Product or service	Practitioner	Claimed amount	Eligible amount	Other plan paid	This plan paid	Explanation number*
2016/02/04	Massage Therapy	Jane Doe	100.00	100.00	0.00	0.00	
<b>Total</b>			\$ 100.00	\$ 100.00	\$ 0.00	\$ 0.00	

**Other Blue Cross coverage**

Service date (YYYY/MM/DD)	Product or service	Practitioner	Claimed amount	Eligible amount	Other plan paid	This plan paid	Explanation number*
2016/02/04	Massage Therapy	Jane Doe	100.00	100.00	0.00	0.00	
<b>Total</b>			\$ 100.00	\$ 100.00	\$ 0.00	\$ 0.00	

**\*Explanations**

<b>16941</b>	We are unable to process this claim electronically. In order to coordinate payment of this claim with the other carrier, we require confirmation of the portion the other carrier would pay.
--------------	--

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

- 1 **Patient has Coordination of Benefits:** Click "Yes" if a portion of this claim has already been paid by another private benefit carrier (excluding Provincial Health Plan and Alberta Health) and if you would like to submit the remaining amount to this plan.

The screenshot shows the 'Enter claim' page for a Health provider. The 'Coordination of Benefits Information' section contains two questions with radio button options:

- Is the patient entitled to receive comparable benefits from any other insurance company, health benefits company or Alberta Blue Cross Plan? (Yes is selected)
- If the claim was submitted through another benefit carrier or provincial plan, would you like to submit the remaining amount to this plan? (Yes is selected)

Buttons for 'Cancel' and 'Next' are at the bottom.

- 2 **Enter the amount paid:** Enter the amount paid by the other benefit carrier (excluding provincial health plan and Alberta Health) 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.

**Enter details:** Select a service and enter the total cost. Using the drop-down menu, select the practitioner who performed the service. If you have not previously added the practitioner details, you will need to add them into the system.

The screenshot shows the 'Enter claim' page for a Health provider, specifically the 'Enter details' section. It includes the following fields:

- Patient information:** Name (Smith, John), ID number (1234567-22), Group number (1).
- Claim type:** Provider of service (Message Therapist).
- Claim details:**
  - Service date (YYYY-MM-DD): 2016-02-04
  - Service: Message Therapy
  - Total cost (\$): 150
  - Other plan paid (\$): 50
  - Practitioner: Jane Doe (with an 'Add Practitioner' link)

Buttons for 'Add claim', 'Cancel', and 'Predetermine' are at the bottom.

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

- 2a To add a practitioner to the system, click "Add Practitioner". A new window will pop-up asking for practitioner information. Enter the details as required and click "OK". The system will validate the practitioner in real-time.

The screenshot shows a web browser window titled "Patient information" with the URL [https://extappuat.ab.bluecross.ca/OHP1/faces/\\_ADFv\\_?\\_afPFms=-hid1pf93.1&t=fred&\\_vir=/secured/claim/addPractit](https://extappuat.ab.bluecross.ca/OHP1/faces/_ADFv_?_afPFms=-hid1pf93.1&t=fred&_vir=/secured/claim/addPractit). The page features the Alberta Blue Cross logo and the heading "Add your practitioner". Below this, it says "Please fill in the required fields to add provider". The form is titled "General information" and contains three input fields: "First name" (empty), "\*Last name" (containing "test" with a note "\*Include last name only"), and "\*Association/College number" (containing "857"). A section labeled "\*Required fields" is at the bottom. At the bottom right of the form are "Cancel" and "OK" buttons.

### Note

If you add a practitioner who isn't eligible to perform a service on the given date, the error message "Practitioner is not eligible on the date of service" will appear. At this point you will be unable to proceed entering claim details.

The screenshot shows the "Enter claim" form with the "Enter details" tab selected. A red error message is displayed: "Error. The provider was not valid on the date the service was provided. Please contact an Alberta Blue Cross representative at (780)-498-8083 (Edmonton & areas), toll-free in other areas of Canada 1-800-588-1195". Below the error message is a "Patient information" section with a table:

Name	Smith, John
ID number	1234567-22
Group number	1

Below this is the "Claim type" section with a dropdown menu showing "Chiropractor". The "Claim details" section contains several fields: "Service date (YYYY-MM-DD)" set to "2016-02-02", "Service" set to "Chiropractic treatment", "Total cost (\$)" set to "150", and "Practitioner" set to "Practitioner 1". There are links for "Practitioner Details" and "Add Practitioner". At the bottom are "Add claim", "Cancel", and "Predetermine" buttons.

## Note

If you add a practitioner who is not registered in our system, the error message "Unable to locate practitioner" will appear. At this point you will be unable to proceed entering claim details.

If you receive either of these messages, please contact us at 780-498-8083 (Edmonton and area) or toll free at 1-800-588-1195 (other areas of Canada).

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**Add your practitioner**

Please fill in the required fields to add a provider

**Error**

We are unable to locate your information on our provider file. Please contact an Alberta Blue Cross representative at (780)-498-8083 (Edmonton & areas), toll-free in other areas of Canada 1-800-588-1195

**General information**

First name

\*Last name  \*Include last name only

\*Association/College number

\*Required fields

2b

Once the added practitioner is validated, you'll be taken back to the "Enter details" screen. The added provider will now be selectable using the drop-down menu. Enter the claim details as required and click "Add claim". If you have more claims to enter, continue entering them and verify details as they appear in the claim details table. Once complete, click "Predetermine".

**ALBERTA BLUE CROSS®** Health provider [Contact us](#) [Help](#) [Sign out](#)

**Overview Enter claim Reports Resources Your profile**

**ABC Health Clinic**

**Enter claim**

**Enter details**

**Patient information**

Name Smith, John  
ID number 1234567-22  
Group number 1

**Claim type**

Provider of service Massage Therapist

**Claim details**

Service date (YYYY-MM-DD)

Service

Total cost (\$)

Other plan paid (\$)

Practitioner  [Add Practitioner](#)

[Add claim](#)

Service date (YYYY-MM-DD)	Service	Total cost (\$)	Other plan paid (\$)	Practitioner		
2016-02-04	Massage Therapy	150.00	50.00	Jane Doe	<a href="#">Modify</a>	<a href="#">Remove</a>
		<b>\$150.00</b>	<b>\$50.00</b>			

**3 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.

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Health provider

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Overview

Enter claim

Reports

Resources

Your profile

ABC Health Clinic

Enter claim

Predetermine

Patient information

Name

Smith, John

ID number

1234567-22

Group number

1

Summary

Predetermination results as of Feb 4, 2016 10:14 AM Mountain Standard 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.

Total amount submitted:

\$150.00

Plan(s) will pay:

\$100.00

Balance remaining:

\$50.00

\*This is not a receipt\*. Your claim has not been submitted.

Please click the Modify, Cancel, or Process Claim button at the bottom of this page.

Details

Hide details

Patient: Michele

Service provider: Associate Massage Therapy & Laser Clinic

Service date (YYYY/MM/DD)	Service	Practitioner	Claimed amount	Eligible amount	Other plan paid	This plan paid	Explanation number
2016/02/04	Massage Therapy	Jane Doe	150.00	150.00	50.00	35.00	3345
Total			\$150.00	\$150.00	\$50.00	\$35.00	


Modify

Cancel

Process claim

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

**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.




Health provider

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OverviewEnter claimReportsResourcesYour profile

You must provide the patient with a printed copy of this claim statement. Please click below to print.

Print Alberta Blue Cross Statement



Date: February 4, 2016  
Document number: 47785057

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Edmonton and area (780)498-8000  
Calgary and area (403)234-9666  
Toll free 1-800-661-6995  
8:30 a.m. - 5 p.m. MT  
www.ab.bluecross.ca

Patient name: Smith, John  
ID number 1234567-22  
Group: 1    Section: 150

**Health claim summary**

Total amount claimed	\$150.00
Other plan paid	\$50.00
Total amount not paid	\$0.00
Amount paid	\$100.00

**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: Smith, John  
Service provider: ABC Health Clinic

Service date (YYYY/MM/DD)	Product or service	Practitioner	Claimed amount	Eligible amount	Other plan paid	This plan paid	Explanation number*
2016/02/04	Massage Therapy	Jane Doe	150.00	150.00	50.00	35.00	3345
Total			\$ 150.00	\$ 150.00	\$ 50.00	\$ 35.00	

Other Blue Cross coverage

Service date (YYYY/MM/DD)	Product or service	Practitioner	Claimed amount	Eligible amount	Other plan paid	This plan paid	Explanation number*
2016/02/04	Massage Therapy	Jane Doe	150.00	150.00	50.00	30.00	3345
Total			\$ 150.00	\$ 150.00	\$ 50.00	\$ 30.00	


Other Blue Cross coverage

Service date (YYYY/MM/DD)	Product or service	Practitioner	Claimed amount	Eligible amount	Other plan paid	This plan paid	Explanation number*
2016/02/04	Massage Therapy	Jane Doe	150.00	150.00	50.00	35.00	3345
Total			\$ 150.00	\$ 150.00	\$ 50.00	\$ 35.00	



# Steps for online submission with Physicians Written Order (PWO)

- 1 Predetermination rejects for PWO:** The provider will submit a predetermination and the system will inform them if a PWO is required. If required, please click on "Upload Document" to attach the member's PWO.


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[Health provider](#)

[Overview](#) | [Enter claim](#) | [Reports](#) | [Resources](#) | [Your profile](#)

ABC Provider

Enter claim  
Predetermine

Patient information

Name	Smith, John
ID number	4189647-52
Group number	70869

Summary

Predetermination results as of Jul 31, 2018 10:41 AM Mountain Daylight 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.

Total amount submitted:	\$22.00
Plan(s) will pay:	\$0.00
Balance remaining:	\$22.00

*\*This is not a receipt\*. Your claim has not been submitted.  
Please click the Modify, Cancel, or Process Claim button at the bottom of this page.*

Details

[Hide details](#)

Patient: John  
Service provider: ABC Provider


Service date (YYYY/MM/DD)	Service	Practitioner	Claimed amount	Eligible amount	Other plan paid	This plan paid	Explanation number
2018/07/01	Speech Therapy Treatment	ABC Practitioner	22.00	0.00	0.00	0.00	25131
Total			\$22.00	\$0.00	\$0.00	\$0.00	

Explanations  
25131

This member's benefit plan requires a physician's written order for this service. For this claim, please have the member pay and submit the paid receipt, fully completed claim form, and a physician's written order to our office for reimbursement. Subsequent claims for the next 12 months can be submitted electronically.  
[Click here to print](#)

[Modify](#) | [Cancel](#) | [Upload documents](#) | [Process claim](#)

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- 2 **Adding the PWO:** Select the product of service being claimed. Enter the issue date found on the PWO. Click "Browse" to resolve or search for the scanned or photographed PWO. Lastly, click "Add" to attached the PWO.

### Note

Please ensure the uploaded file clearly indicates the issue date, products or services being prescribed, and name of the issuing doctor.

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Contact us | Help | Sign out

Overview | Enter claim | Reports | Resources | Your profile

ABC Provider

### Enter claim

#### Upload documents

**Patient information**

Name: Smith, John  
ID number: 4189647-52  
Group number: 70869

**Supporting documentation**

Use this functionality to send files or documents to Alberta Blue Cross.

Product or service: - Choose one -  
Issue date (YYYY-MM-DD):  
File: Browse...  
Add

File	Product	Issue Date (YYYY-MM-DD)
No documents uploaded		

Modify claim | Cancel upload | Upload

Documents uploaded to Alberta Blue Cross may be used for claim adjudication, plan member eligibility and authorized disclosure of personal information. Please inform the patient to keep copies of the documents uploaded.

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- 3 **Uploading the PWO:** Once the PWO is added to the claim, it will appear in the box below. Click on "upload" to predetermine the claim once again.

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Contact us | Help | Sign out

Overview | Enter claim | Reports | Resources | Your profile

ABC Provider

### Enter claim

#### Upload documents

**Patient information**

Name: Smith, John  
ID number: 4189647-52  
Group number: 70869

**Supporting documentation**

Use this functionality to send files or documents to Alberta Blue Cross.

Product or service: - Choose one -  
Issue date (YYYY-MM-DD):  
File: Browse...  
Add

File	Product	Issue Date (YYYY-MM-DD)	
Sample JPG.jpg	Speech Therapy Treatment	2018-07-01	Modify Remove

Modify claim | Cancel upload | Upload


Documents uploaded to Alberta Blue Cross may be used for claim adjudication, plan member eligibility and authorized disclosure of personal information. Please inform the patient to keep copies of the documents uploaded.

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4

**Submitting the claim:** Once the provider has clicked on upload, the system will show you the adjudication results. The final step is to click on "Process Claim" to submit the claim for payment.

To review your claim history, please see page 17 for more information on how to access your reports.


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Health provider

[Overview](#) | **[Enter claim](#)** | [Reports](#) | [Resources](#) | [Your profile](#)

ABC Provider

[Enter claim](#)  
[Predetermine](#)

**Patient information**

Name	Smith, John
ID number	4189647-52
Group number	70869

**Summary**  
**Predetermination results as of Jul 24, 2018 11:34 AM Mountain Daylight 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.


Total amount submitted:	\$12.00
Plan(s) will pay:	\$12.00
<b>Balance remaining:</b>	<b>\$0.00</b>

\*This is not a receipt\*. Your claim has not been submitted.  
 Please click the **Modify**, **Cancel**, or **Process Claim** button at the bottom of this page.

**Details**  
[Show details](#)

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

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# Easy steps to access Reports

**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". Once payment has been issued, you can view and print the Claims Statement.

## Patient Date:

Select a start and end date to view a patient's payment history.

## Patient Claim Statements:

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

**Reports**

Outstanding payment report ?

View all claims remaining to be paid as of May 31, 2016

Provider of service: Chiropractor

\*Please note: If there are any claims to be cancelled, they can be viewed and cancelled within this report.

Create report

Payment history report ?

Provider of service: Chiropractor

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

To access payment history, please select a start and end date.

Start date(YYYYMMDD): 2016/05/31

End date(YYYYMMDD): 2016/05/31

\*Please note: Only date ranges within the previous 6 months can be entered.

Create report

Patient claim statements ?

Find a patient and reproduce a Claim statement

\*Please note: Only claim statements obtained by the patient within the last year will appear.

Create claim statement

## Note

**Sort:** This is currently available for Outstanding Payment Reports and Patient Claim Statements. You can sort the column by clicking on the double headed arrow, located below the column title.

Details

[Hide details](#)

Service date (YYYY/MM/DD)	Patient	Service	Amount claimed(\$)	Alberta Blue Cross paid(\$)	Document number	Cancel claim
2013/12/20	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	<a href="#">Cancel</a>
2013/12/29	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	<a href="#">Cancel</a>
2014/01/05	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	<a href="#">Cancel</a>
2014/01/01	Lee, Mark	Chiropractic Treatment	250.00	0.00	47762885	<a href="#">Cancel</a>



**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.

**Reports**  
 Outstanding payment report

View all claims remaining to be paid as of May 31, 2016

Provider of service **Chiropractor**

\*Please note: If there are any claims to be cancelled, they can be viewed and cancelled within this report.

Create report

**Reports**  
**Outstanding payment report**

Provider of service **Chiropractor**

Details

[Hide details](#)

Service date (YYYY/MM/DD):	Patient:	Service:	Amount claimed(\$):	Alberta Blue Cross paid(\$):	Document number:	Cancel claim
2013/12/20	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	<a href="#">Cancel</a>
2013/12/29	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	<a href="#">Cancel</a>
2014/01/05	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	<a href="#">Cancel</a>
2014/01/01	Lee, Mark	Chiropractic Treatment	250.00	0.00	47762885	Cancel
<b>Total</b>			<b>\$550.00</b>	<b>\$300.00</b>		

Provider of service **Physiotherapist**

Details

[Hide details](#)

Service date (YYYY/MM/DD):	Patient:	Service:	Amount claimed(\$):	Alberta Blue Cross paid(\$):	Document number:	Cancel claim
2014/01/14	Smith, John	Physiotherapy Assessment	85.00	85.00	47762953	<a href="#">Cancel</a>
2014/01/14	Smith, John	Physiotherapy Treatment	95.75	95.75	47762953	<a href="#">Cancel</a>
2013/10/30	Smith, John	Physiotherapy Treatment	125.00	125.00	47762529	<a href="#">Cancel</a>
2013/12/01	Smith, John	Acupuncture Treatment	120.00	0.00	47762529	Cancel
2013/12/03	Smith, John	Physiotherapy Treatment	123.00	123.00	47762529	Cancel
<b>Total</b>			<b>\$548.75</b>	<b>\$428.75</b>		

Provider of service **Massage Therapist**

Details

[Hide details](#)

Service date (YYYY/MM/DD):	Patient:	Service:	Amount claimed(\$):	Alberta Blue Cross paid(\$):	Document number:	Cancel claim
2013/12/29	Smith, Mary	Massage Therapy	100.00	0.00	47762912	Cancel
<b>Total</b>			<b>\$100.00</b>	<b>\$0.00</b>		

**Combined total**

Amount claimed(\$)  
 \$1,198.75

Alberta Blue Cross paid(\$)  
 \$728.75

[Click here to print](#)



### 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

Provider of service: Chiropractor

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

Payment Date: Choose one  
2016-05-24  
2016-05-24

Create summary

### 3a Provider Statement/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.

PROVIDER SUMMARY

ALBERTA BLUE CROSS

ABC HEALTH CLINIC  
10009 108 ST NW  
EDMONTON AB T5J 3C5

Date: May 24, 2016  
Health statement number: 34179812  
PAYMENT MADE BY DIRECT DEPOSIT: 8102499

Health claim summary

Total amount claimed	\$560.00
Amount not covered	\$107.00
Total amount paid	\$453.00

Details

Document number	ID number	Patient name	Amount claimed	Amount paid
47787508	4008023-16	John Smith	37.00	37.00
47787508	4008023-17	Jane Smith	37.00	0.00
47787508	4008023-18	John Smith	37.00	37.00
47787508	4008023-19	Jane Smith	39.00	39.00
47787602	4746901-40	Dennis Smith	80.00	80.00
47787649	780111222-11	John Smith	33.00	33.00
47787649	780111222-12	John Smith	133.00	83.00
47787649	780111222-13	Jane Smith	34.00	34.00
47787653	2319584-52	Dennis Smith	130.00	110.00
TOTALS FOR THIS STATEMENT			\$560.00	\$453.00

Patient name: John Smith  
ID number: 780111222-11 Group: 99 Section: TST Document ID: 47787649

Service date	Product or service	Claimed amount	Eligible amount	Percent covered	Other plan paid	This plan paid	Explanation number*
2016/05/19	Chiropractic treatment	33.00	33.00	100%	0.00	33.00	
Totals for John		\$33.00			\$0.00	\$33.00	

Patient name: Jane Smith  
ID number: 780111222-12 Group: 99 Section: TST Document ID: 47787649

Service date	Product or service	Claimed amount	Eligible amount	Percent covered	Other plan paid	This plan paid	Explanation number*
2016/05/19	Chiropractic treatment	33.00	33.00	100%	0.00	33.00	
2016/05/20	Chiropractic assessment	100.00	50.00	100%	50.00	50.00	3123
Totals for Jane		\$133.00			\$50.00	\$83.00	

Patient name: Dennis Smith  
ID number: 780111222-13 Group: 99 Section: TST Document ID: 47787649

Service date	Product or service	Claimed amount	Eligible amount	Percent covered	Other plan paid	This plan paid	Explanation number*
2016/05/19	Chiropractic treatment	34.00	34.00	100%	0.00	34.00	
Totals for Dennis		\$34.00			\$0.00	\$34.00	

Patient name: Jane Smith  
ID number: 2319584-52 Group: 14200 Section: R Document ID: 47787653

Service date	Product or service	Claimed amount	Eligible amount	Percent covered	Other plan paid	This plan paid	Explanation number*
2016/05/01	Chiropractic treatment	130.00	110.00	100%	0.00	110.00	3345
Totals for Denise		\$130.00			\$0.00	\$110.00	

\*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.

3123	Payment has been reduced as the maximum amount allowed for this service has been reached. The service is limited to \$50 in 1 Days starting January 1.
3345	Payment has been reduced as the maximum amount allowed for this service has been reached. The service is limited to \$110 per occurrence.
344	Our files indicate coordination of benefits apply. Please provide a statement from the primary carrier or if coverage is terminated, please indicate the termination date. Resubmit this information with this Explanation of Benefits statement.

Understanding this statement - Terms and Explanations

Eligible amount: This is the portion of the Claimed amount (not exceeding the amount claimed) that is calculated to be eligible for reimbursement subject to the terms of your plan. It includes deductible and/or co-payment amounts if they apply. You are responsible for the remaining cost not covered by your plan(s).  
Please note: It is important to refer to your benefit information to determine what is covered.

Other plan paid: This is the amount another benefit plan has already paid for your claim. Through coordination of benefits (COB), eligible individuals, couples or families with more than one benefit plan can combine their benefit coverage to receive up to the maximum eligible amount in accordance with the contract provisions. If you have other coverage and have not claimed through it, you may submit this statement as part of the claim to your other benefit carrier for coordination of benefits.

Private and confidential: This statement is issued for use only by the provider of service for purposes of claims processing and payment and is not to be shared with any third party. If the patient requires a statement pertaining to a claim for services provided, please advise them to contact their benefits carrier directly.

Our mailing address is Alberta Blue Cross, 10009-108 Street NW, Edmonton, Alberta T5J 3C5.

Part of your healthy future.



3b

**Payment History:**

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.

To access payment history, please select a start and end date.

Start date(YYYYMMDD) 2018/05/31

End date(YYYYMMDD) 2018/05/31

\*Please note: Only date ranges within the previous 6 months can be entered.

Create report



**Payment History Report**  
for December 24, 2013 - January 14, 2014

**ABC Health Clinic**  
10009 108th Street NW  
Edmonton, AB, T5J3C5

Provider of service: Chiropractor

Service date (YYYY-MM-DD)	Patient	Product or service	Amount claimed(\$)	Alberta Blue Cross paid (\$)	Document number
Statement ID	34171381	Date	12/24/2013		
2013-11-27	Smith, Jane	Chiropractic assessment	125.75	40.00	47762461
2013-12-05	Smith, Jane	Chiropractic treatment	150.58	40.00	
2013-12-19	Smith, John	Chiropractic treatment	150.95	40.00	
2013-12-20	Smith, John	Chiropractic assessment	150.00	40.00	
2013-12-05	Smith, John	Acupuncture Treatment	12.00	0.00	47762467
2013-12-05	Smith, John	Chiropractic x-ray	125.00	0.00	
2013-12-05	Smith, Dennis	Chiropractic treatment	152.00	35.00	47762477
2013-12-15	Smith, John	Chiropractic treatment	120.00	35.00	
2013-12-21	Smith, John	Chiropractic treatment	125.00	35.00	
2013-12-22	Smith, John	Acupuncture Treatment	123.00	0.00	
2013-12-23	Smith, John	Chiropractic treatment	120.00	35.00	
Total			1,354.28	300.00	

Provider of service: Physiotherapist

Service date (YYYY-MM-DD)	Patient	Product or service	Amount claimed(\$)	Alberta Blue Cross paid (\$)	Document number
Statement ID	34171382	Date	12/24/2013		
2013-10-25	Smith, John	Acupuncture Treatment	120.00	50.00	47762452
2013-12-05	Smith, John	Physiotherapy treatment	150.00	50.00	
2013-12-05	Smith, John	Acupuncture assessment	45.00	0.00	47762470
2013-12-05	Smith, John	Physiotherapy assessment	34.00	0.00	
2013-12-01	Smith, Jane	Acupuncture Treatment	123.00	0.00	47762479
2013-12-01	Smith, Jane	Acupuncture assessment	123.00	0.00	
2013-12-01	Smith, John	Physiotherapy treatment	123.78	0.00	
2013-12-02	Smith, John	Physiotherapy treatment	123.90	0.00	
2013-12-03	Smith, Dennis	Physiotherapy treatment	120.00	0.00	
2013-12-05	Smith, John	Physiotherapy treatment	120.00	0.00	
Total			1,082.68	100.00	

Provider of service: Massage Therapist

Service date (YYYY-MM-DD)	Patient	Product or service	Amount claimed(\$)	Alberta Blue Cross paid (\$)	Document number
Statement ID	34171383	Date	12/24/2013		
2013-12-05	Smith, John	Massage therapy	125.00	50.00	47762465
2013-12-16	Smith, Jane	Massage therapy	125.00	50.00	
2013-12-19	Smith, John	Massage therapy	125.59	50.00	
2013-10-25	Smith, John	Massage therapy	125.00	50.00	47762475
2013-12-01	Smith, John	Massage therapy	120.00	50.00	
2013-12-03	Smith, Dennis	Massage therapy	450.00	50.00	
2013-12-04	Smith, John	Massage therapy	120.00	50.00	
2013-12-08	Smith, John	Massage therapy	150.00	50.00	
2013-12-18	Smith, John	Massage therapy	450.00	50.00	
Total			1,790.59	450.00	

# Easy steps to cancel a claim

## 1 Outstanding Payment Report

If your clinic is registered with multiple provider types and has single sign on, please select the provider type for this report from the drop-down menu.

If your clinic is registered as an individual provider type, the "Provider of service" field will be populated automatically.

Reports  
Outstanding payment report ?

View all claims remaining to be paid as of January 14, 2014

Provider of service Choose one

\*Please note: If there are any claims to be cancelled, they can be viewed and cancelled within this report.

Create report

## 2 Cancel: To cancel a claim, click the hyperlink.

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.

Reports  
Outstanding payment report

Provider of service Chiropractor Need help cancelling a claim?

Details  
[Hide details](#)

Service date (YYYY/MM/DD)	Patient	Service	Amount claimed(\$)	Alberta Blue Cross paid(\$)	Document number	Cancel claim
2014/01/01	Smith, John	Chiropractic Assessment	58.58	0.00	47763025	<a href="#">Cancel</a>
2013/12/20	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	<a href="#">Cancel</a>
2013/12/29	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	<a href="#">Cancel</a>
2014/01/05	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	<a href="#">Cancel</a>
Total			\$358.58	\$300.00		

[Click here to print](#)

## Note

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

Reports  
Outstanding payment report

Information

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".

Provider of service Chiropractor Need help cancelling a 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.

**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**

Need help cancelling a claim? ?

Service date (YYYY-MM-DD)	Patient	Service	Amount claimed(\$)	Alberta Blue Cross paid(\$)	Document number
2014/01/01	Smith, John	Chiropractic Assessment	58.58	0.00	99999999

Cancellation reason: - Select one -  
- Select one -  
Additional services provided  
Claim entered in error  
Other Back Ok

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**

Need help cancelling a claim? ?

Service date (YYYY-MM-DD)	Patient	Service	Amount claimed(\$)	Alberta Blue Cross paid(\$)	Document number
2014/01/01	Smith, John	Chiropractic Assessment	58.58	0.00	99999999

Cancellation reason: Other  Back Ok

- 4 **Cancellation:** Once a claim has successfully been cancelled, red text appears at the top of the screen as confirmation.

**Reports**

**Outstanding payment report**

**Information**

Claims for John Smith submitted on Jan 1, 2014 have been cancelled.

Provider of service: Chiropractor

Need help cancelling a claim? ?

**Details**

[Hide details](#)

Service date (YYYY/MM/DD)	Patient	Service	Amount claimed(\$)	Alberta Blue Cross paid(\$)	Document number	Cancel claim
2013/12/20	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	Cancel
2013/12/29	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	Cancel
2014/01/05	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	Cancel
<b>Total</b>			<b>\$300.00</b>	<b>\$300.00</b>		

[Click here to print](#)

## Technical information

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



## Contact us

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

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

<http://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.