



# 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>



December 2017



# 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

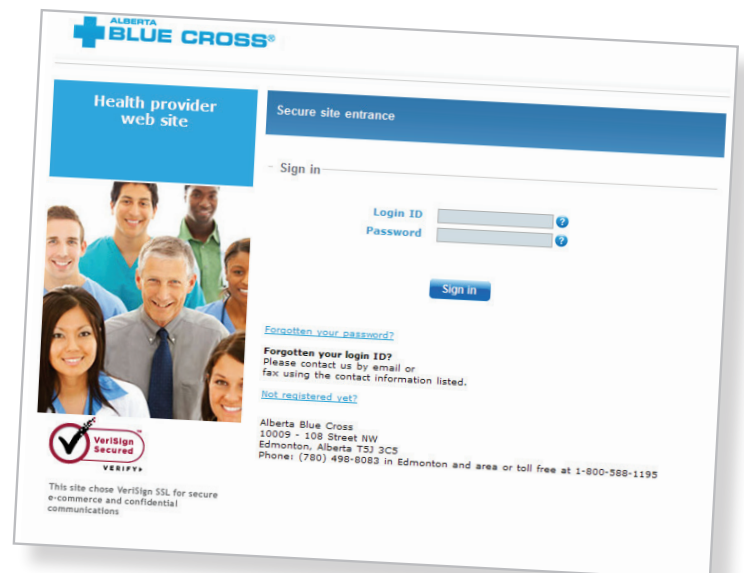
Health Provider Services, Alberta Blue Cross  
10009 108 Street, Edmonton, AB T5J 3C5  
Fax: 780-498-3544

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 'ALBERTA BLUE CROSS' Health provider portal. The 'Enter claim' menu option is circled in red. Below the navigation bar, the 'Enter claim' section is visible. It contains a form with the following fields: '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 'Enter claim' section with the 'Coordination of Benefits Information' section highlighted. It displays patient information: Name (Smith, John), ID number (1234567-22), and Group number (1). Below this, there is a question: 'Is the patient entitled to receive comparable benefits from any other insurance company, health benefits company or Alberta Blue Cross Plan?'. The 'Yes' radio button is circled in red with an 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 page has a navigation bar with 'Overview', 'Enter claim', 'Reports', 'Resources', and 'Your profile'. The 'Enter claim' section is active. Below the navigation bar, there is a 'Patient information' table with the following data:

Patient information	
Name	Smith, John
ID number	1
Group number	14200

Below the patient information, there is a 'Claim type' field and a 'Provider of service' dropdown menu. The dropdown menu is currently set to '- Choose one -' and is circled in red.

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.

#### How to calculate the total cost:

The total cost will equal the total invoiced amount minus any portion paid by Alberta Health and Wellness or the Provincial Health Plan.

*Total invoiced amount*

-

*Any portion paid by Alberta Health  
or provincial health Plan*

= **Total cost**

The screenshot shows the 'Enter details' page for a Health provider. The page has a navigation bar with 'Overview', 'Enter claim', 'Reports', 'Resources', and 'Your profile'. The 'Enter claim' section is active. Below the navigation bar, there is a 'Patient information' table with the following data:

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

Below the patient information, there is a 'Claim type' field and a 'Provider of service' dropdown menu. The dropdown menu is currently set to 'Massage Therapist'. Below the provider of service, there is a 'Claim details' section with the following fields:

- Service date (YYYY-MM-DD): [Text input]
- Service: [- Choose one -]
- Total cost (\$): [Text input]
- Practitioner: [- Choose one -] [Add Practitioner](#)

Below the claim details, there is an 'Add claim' button and two buttons: 'Cancel' and 'Predetermine'.

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**

Cancel OK

## 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 **Chiropractor**

**Claim details**

Service date (YYYY-MM-DD) 2016-02-02

Service Chiropractic treatment

Total cost (\$) 150

Practitioner Practitioner 1 [Add Practitioner](#)

[Practitioner Details](#)

Add claim

Cancel Predetermine



## 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”.

**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

- Claim details ⓘ

Service date (YYYY-MM-DD)

Service

Total cost (\$)

Practitioner   
Practitioner 1  
Practitioner 2  
Practitioner 3

[Add Practitioner](#)

4b

## Enter details: continued

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

Claim details [?](#)

Service date (YYYY-MM-DD)

Service

Total cost (\$)

Practitioner  [Add Practitioner](#)

[Practitioner Details](#)

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

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.

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

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](#)



**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
| [Contact us](#) | [Help](#) | [Sign out](#)

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Overview
Enter claim
Reports
Resources
Your 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
<b>Amount paid</b>	<b>\$0.00</b>

**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>			<b>\$ 100.00</b>	<b>\$ 100.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	

**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>			<b>\$ 100.00</b>	<b>\$ 100.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	

**\*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.
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# 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 'Coordination of Benefits Information'. The patient information is: Name: Smith, John; ID number: 1234567-22; Group number: 1. The 'COB 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 visible 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 'Enter details'. The patient information is: Name: Smith, John; ID number: 1234567-22; Group number: 1. The 'Claim type' is 'Message Therapist'. The 'Claim details' section includes:

- 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 visible 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.

Patient information

Alberta Blue Cross - Online Service for Health Providers - Windows Internet Explorer

https://extappuat.ab.bluecross.ca/OHP1/faces/\_ADFv\_?\_afPfm=-hid1p93.1&t=fred&vir=/secured/claim/addPractit

**ALBERTA BLUE CROSS**

**Add your practitioner**  
Please fill in the required fields to add provider

**General information**

First name

\*Last name   
\*Include last name only

\*Association/College number

\*Required fields

Cancel OK

## 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](#)

**Add claim**

Cancel **Predetermine**

## 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).

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".

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.

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

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
<b>Balance remaining:</b>	<b>\$50.00</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

[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
<b>Total</b>			<b>\$150.00</b>	<b>\$150.00</b>	<b>\$50.00</b>	<b>\$35.00</b>	

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
| [Contact us](#) | [Help](#) | [Sign out](#)

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Overview
Enter claim
Reports
Resources
Your 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

**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](http://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	JaneDoe	150.00	150.00	50.00	35.00	3345
<b>Total</b>			\$ 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	JaneDoe	150.00	150.00	50.00	30.00	3345
<b>Total</b>			\$ 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	JaneDoe	150.00	150.00	50.00	35.00	3345
<b>Total</b>			\$ 150.00	\$ 150.00	\$ 50.00	\$ 35.00	



# 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.

**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 beside 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** [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	<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>		

<b>Combined total</b>	<b>Amount claimed(\$)</b> \$1,198.75	<b>Alberta Blue Cross paid(\$)</b> \$728.75
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[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**

Date: May 24, 2016  
 Health statement number: 34179812  
 PAYMENT MADE BY DIRECT DEPOSIT: 8103499

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

**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
47787598	4008023-16	John Smith	37.00	37.00
47787598	4008023-17	Jane Smith	37.00	0.00
47787598	4008023-18	John Smith	37.00	37.00
47787598	4008023-19	Jane Smith	39.00	39.00
47787602	4746901-40	Dennis Smith	80.00	80.00
47787649	78011222-11	John Smith	33.00	33.00
47787649	78011222-12	John Smith	133.00	83.00
47787649	78011222-13	Jane Smith	34.00	34.00
47787653	2319584-52	Dennis Smith	130.00	110.00
<b>TOTALS FOR THIS STATEMENT</b>			<b>\$560.00</b>	<b>\$453.00</b>

**Patient name:** John Smith  
 ID number: 78011222-11 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	
<b>Totals for John</b>		<b>\$33.00</b>			<b>\$0.00</b>	<b>\$33.00</b>	

**Patient name:** Jane Smith  
 ID number: 78011222-12 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
<b>Totals for Jane</b>		<b>\$133.00</b>			<b>\$50.00</b>	<b>\$83.00</b>	

**Patient name:** Dennis Smith  
 ID number: 78011222-13 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	
<b>Totals for Dennis</b>		<b>\$34.00</b>			<b>\$0.00</b>	<b>\$34.00</b>	

**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
<b>Totals for Denise</b>		<b>\$130.00</b>			<b>\$0.00</b>	<b>\$110.00</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.

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)   End date(YYYYMMDD)  

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

[Create report](#)

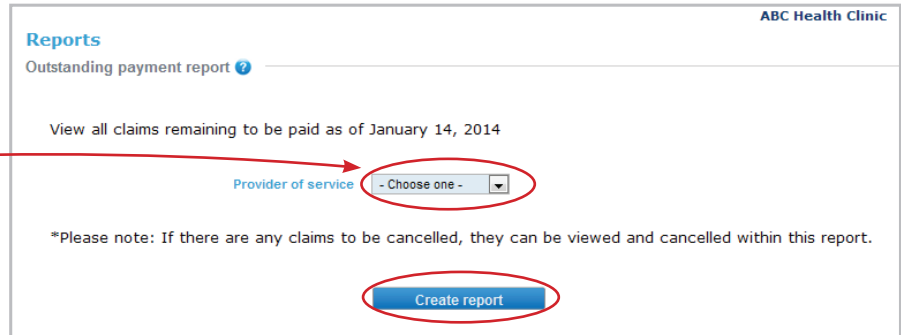
ALBERTA BLUE CROSS®			Payment History Report for December 24, 2013 - January 14, 2014			
ABC Health Clinic 10009 108th Street NW Edmonton, AB, T5J3C5						
Provider of service: Chiropractor						
Service date (YYYY-MM-DD)	Patient	Product or service	Amount claimed(\$)	Alberta Blue Cross paid (\$)	Document 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		
<b>Total</b>			<b>1,354.28</b>	<b>300.00</b>		
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 assessmnt	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		
<b>Total</b>			<b>1,082.68</b>	<b>100.00</b>		
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		
<b>Total</b>			<b>1,790.59</b>	<b>450.00</b>		

# Easy steps to cancel a claim

## 1 Outstanding Payment Report

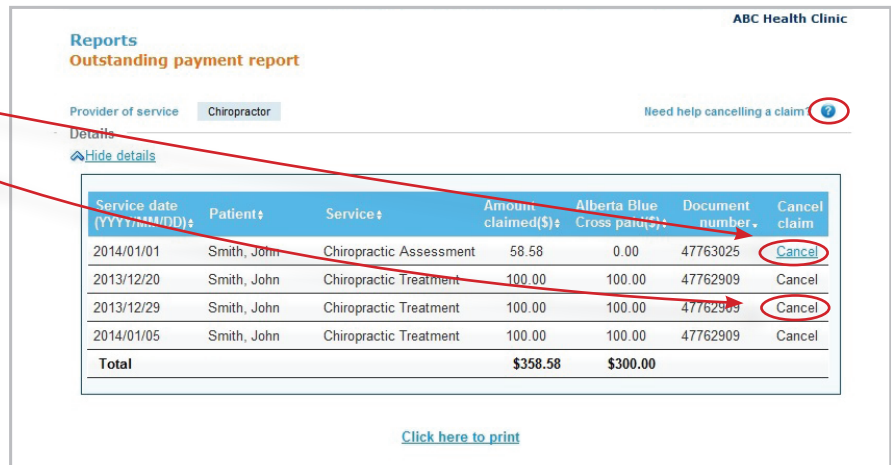
If your clinic is registered with multiple provider types and has single sign on, please select the provider type for this report from the drop-down menu.

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



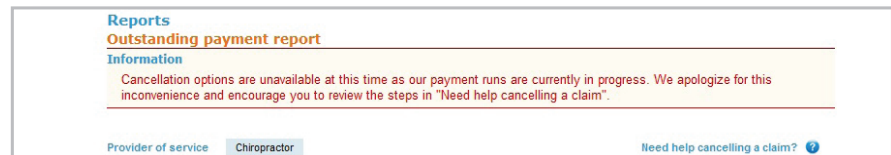
## 2 Cancel: To cancel a claim, click the hyperlink.

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.



## Note

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



**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 [Text Input Field] 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.