



AADL RESPIRATORY BENEFITS PROGRAM

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# AUTHORIZATION AND CLAIM USER GUIDE

*September 2023*



## ONLINE AUTHORIZATION AND CLAIMS SUBMISSION

Convenient service, delivered through an easy-to-use, secure website  
[provider.ab.bluecross.ca/health](https://provider.ab.bluecross.ca/health)

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# Introduction

*Alberta Blue Cross® is pleased to offer online authorization and claim submission for Alberta Aids to Daily Living (AADL) respiratory benefits providers. This convenient service is delivered through an easy-to-use secure website and is available at no cost to respiratory providers across Alberta. Online submission provides the convenience of direct billing for eligible services for your customers with coverage through the AADL program. You are assured of a prompt response directly from Alberta Blue Cross.*

## Registering for site access

To register for online authorization and claim submission, you must complete the **request for secure website access** webform. Details about completing this form can be accessed through our public website at [ab.bluecross.ca](http://ab.bluecross.ca).

The Provider Services AADL 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 2 separate emails to the email address provided on your registration form. Once you have received both of these emails, you can begin serving your patients through online authorization and claim submissions.

## 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 Alberta Blue Cross AADL website at [provider.ab.bluecross.ca/health](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 **website policy and online billing agreement**, set up your 2 “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.

If you want payments to be deposited directly into your bank account, please complete the banking information located under “Your profile” in the provider portal.

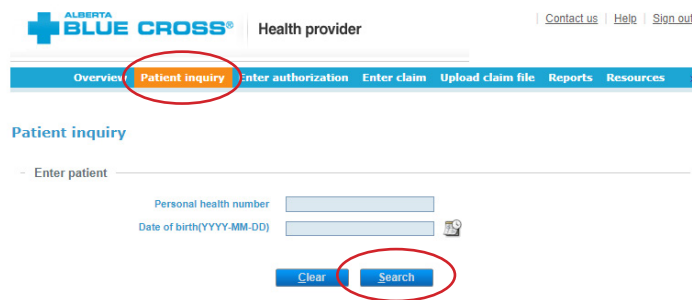
**Authorizing and claiming online is quick, easy and secure.** After validating a patient’s identity, you simply submit the authorization or claim for processing. Within seconds of submission, results are displayed. The transaction is then complete.



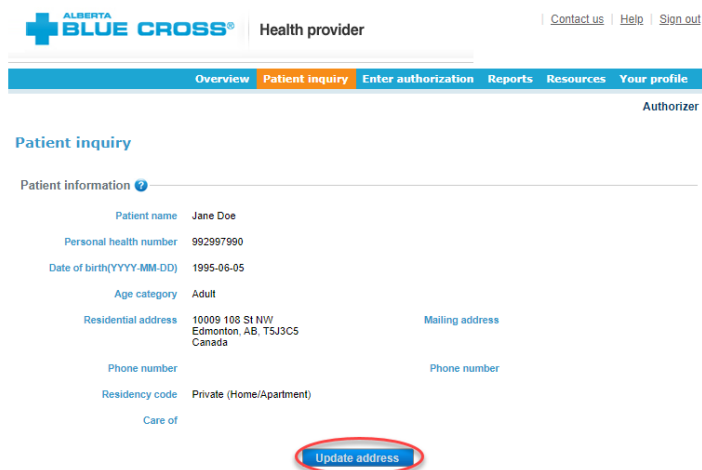
If you have questions about a screen, click on the blue button with a question mark. The help button has answers to questions that are frequently asked about the section.

## Patient inquiry section

**Step 1:** Navigate to the “Patient inquiry” menu option and enter the patient’s personal health number and birth date. Then click “Search”.

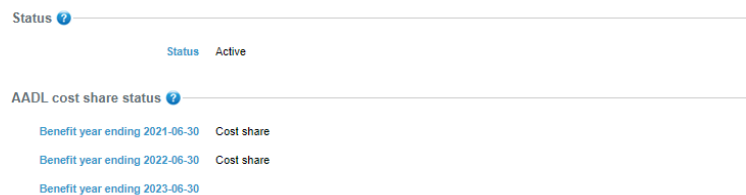


**Step 2:** Confirm the patient’s information and address. To update the patient’s address, select “Update address”.



**Step 3:** The patient inquiry screen will list

- the patient’s current AADL status, indicating if they are eligible for AADL benefits or if the coverage has ended; and
- the patient’s cost share status for the previous, current and future benefit year.



**Step 4:** You can also search the patient's product consumption by selecting the benefit type, product category and product.

The screenshot displays the 'Patient inquiry' section of the Alberta Blue Cross Health provider portal. The page header includes the Alberta Blue Cross logo and the role 'Health provider'. A navigation bar contains links for 'Overview', 'Patient inquiry' (highlighted), 'Enter authorization', 'Reports', 'Resources', and 'Your profile'. The user is identified as an 'Authorizer'.

**Patient information**

Patient name	Jane Doe	
Personal health number	922997990	
Date of birth(YYYY-MM-DD)	1995-06-05	
Age category	Adult	
Residential address	10009 108 St NW Edmonton, AB, T5J3C5 Canada	Mailing address
Phone number		Phone number
Residency code	Private (Home/Apartment)	
Care of		

[Update address](#)

**Status**

Status	Active
--------	--------

**AADL cost share status**

Benefit year ending 2022-06-30	Cost share
Benefit year ending 2023-06-30	Cost share

**Product consumption**

Benefit type	- Please choose one -
Product category	- Please choose one -
Product	- Please choose one -

[Clear](#) [Search](#)

# Submitting and processing an authorization

**Step 1:** Navigate to the “Enter authorization” menu option and enter the patient’s personal health number and birth date. Then click “Search”.

The screenshot shows the Alberta Blue Cross Health provider portal. The top navigation bar includes 'Overview', 'Enter authorization', 'Enter claim', 'Upload claim file', 'Reports', 'Resources', and 'Your profile'. The 'Enter authorization' option is circled in red. Below the navigation bar, the 'Enter authorization request' form is displayed. It has a section for 'Enter patient' with two input fields: 'Personal health number' and 'Date of birth(YYYY-MM-DD)'. Below these fields are two buttons: 'Clear' and 'Search', with the 'Search' button circled in red.

**Step 2:** Confirm the patient’s address. To update the patient’s address, select “Update”. If the information is correct and no updates are required, click “Next”. If a patient does not have an address in the system, you will be asked to update the patient’s address.

The screenshot shows the Alberta Blue Cross Health provider portal. The top navigation bar includes 'Overview', 'Patient inquiry', 'Enter authorization', 'Reports', 'Resources', and 'Your profile'. The 'Enter authorization' option is circled in red. Below the navigation bar, the 'Enter authorization request' form is displayed. It has a section for 'Confirm patient address' with a table of patient information: Name Jane Doe, Personal Health Number 992997990. Below the table is a section for 'Residential address' with fields for Address (10009 108 St NW, Edmonton, AB, T5J3C5, Canada), Phone number, Residency code (Private (Home/Apartment)), and Care of. Below the residential address section is a section for 'Mailing address' with fields for Address and Phone number. At the bottom of the form are three buttons: 'Update', 'Cancel', and 'Next', with the 'Update' and 'Next' buttons circled in red.

**Step 3:** Select the “Benefit type”, “Authorization type” and “Practitioner” for the authorization submission. Depending on the authorization selected, you may be asked to provide the medical rationale by checking all appropriate options.

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

Overview Enter authorization Enter claim Upload claim file Reports Resources Your profile

AADL Respiratory Benefit Provider

### Enter authorization request

Enter details

Patient information

Name	Taylor Doe
Personal Health Number	858811120

Authorization details ⓘ

Benefit type Choose one - ▾

Authorization type Choose one - ▾

Practitioner Choose one - ▾ [Add Practitioner](#)

[Practitioner Details](#)

Cancel Next

**Step 4:** You will be provided with a list of documents required for the specific authorization being requested. Mandatory documents will be indicated with a red asterisk. Select each box and provide the corresponding documentation.

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Overview Enter authorization Enter claim Upload claim file Reports Resources Your profile

AADL Respiratory Benefit Provider

### Enter authorization request

Enter details - RH1 authorization

Patient information

Name	Taylor Doe
Personal Health Number	858811120

Documentation details ⓘ

Please select each supporting document in your possession and enter any corresponding values.  
\* denotes a mandatory supporting document

Respiratory Setup Assessment\*

Arterial Blood Gas (ABG)\*

Physician/Nurse Practitioners Prescription\*

Oxymetry Test Printout with date and time\*

Client Declaration Form\*

Comments

Back Cancel Next

**Step 5:** As prompted, enter any additional details specific to the authorization selected.

Documentation details ⓘ

Please select each supporting document in your possession and enter any corresponding values.  
\* denotes a mandatory supporting document

- Respiratory Setup Assessment \***  
Setup assessment date
- Arterial Blood Gas (ABG) \***  
ABG Test Date   
PaO2 at rest
- Physician/Nurse Practitioners Prescription \***
- Oximetry Test Printout with date and time \***  
Oximetry Test Date   
SpO2
- Client Declaration Form \***  
 Patient has provided an expiry date

Comments

[Back](#) [Cancel](#) [Next](#)

**Step 6:** You will be asked to upload the documents you have selected. These can be added individually or in a single file, depending on your records.

Click **“Choose File”** and select the file. For each file, you have the option to add additional comments. Click **“Upload”** and the file will be added to the summary table. You have the option to remove any files that were mistakenly uploaded.

Once all files have been uploaded, click on **“Process authorization”** and confirm patient consent in the pop-up window.

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

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

AADL Respiratory Benefit Provider

### Upload supporting document

Supporting document required for further review

Patient information	
Name	Taylor Doe
Personal Health Number	858811120

Supporting documentation ⓘ

You have indicated that you have the following documents. Please upload them for further review.

- Respiratory Setup Assessment
- Arterial Blood Gas (ABG)
- Physician/Nurse Practitioners Prescription
- Oximetry Test Printout with date and time
- Client Declaration Form

File  No file chosen

Comment

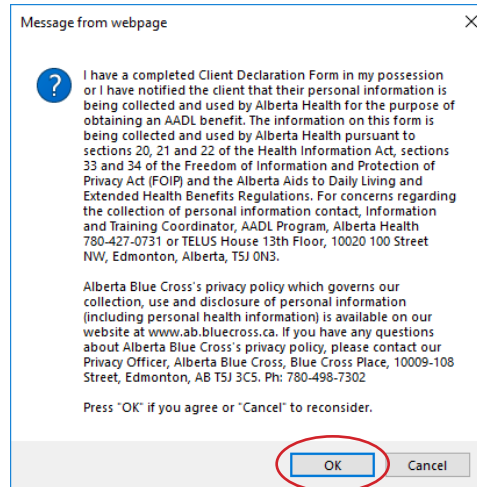
File	Comment
No documents uploaded	

[Back](#) [Cancel](#) [Process authorization](#)



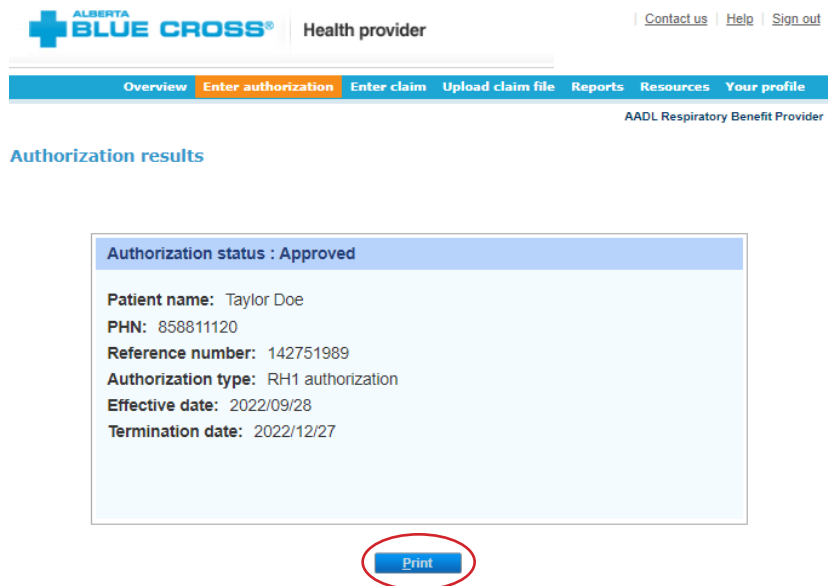
### Step 6: Continued:

Click "OK" to proceed.



**Step 7:** You will receive a confirmation from Alberta Blue Cross within seconds of your submission. This will indicate whether your authorization request has been approved, rejected or pended for further review.

You can obtain a printable copy of the authorization results by clicking "Print".



# Submitting and processing a claim

**Step 1:** Navigate to the “Enter claim” menu option and enter the patient’s personal health number and date of birth. Then click “Search”.

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

Overview Enter authorization **Enter claim** Upload claim file Reports Resources Your profile

AADL Respiratory Benefit Provider

### Enter respiratory benefit program claim

- Enter patient

Personal health number

Date of birth(YYYY-MM-DD)

**Step 2:** If you wish, you can add your invoice number. Enter the claim details by selecting the appropriate benefit type, product category, product, date of service, quantity and total cost. Once you click “Add claim”, you will see the product appear in the summary table. Repeat these steps for each product being considered.

**Note:**

If a product or service is not related to a specific patient (such as a repair or stock item), please use the generic patient ID.

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

Overview Enter authorization **Enter claim** Upload claim file Reports Resources Your profile

AADL Respiratory Benefit Provider

### Enter respiratory benefit program claim

**Enter details**

**Patient information**

Name	Taylor Doe
Personal Health Number	858811120

**Invoice details**

Invoice number

**Claim details**

Benefit type

Service date (YYYY-MM-DD)

Product category

Quantity

Product

Total cost(\$)

Service Date	Benefit Type	Product	Quantity	Unit	Total cost(\$)	
2022-09-29	Oxygen	Urban Flat Fee	1.00	Day(s)	10.88	<a href="#">Modify</a> <a href="#">Remove</a>
					\$10.88	

**Step 3:** When you are satisfied with the details you have entered, click on **“Process claim”**.

Confirm patient consent in the pop-up window. Click **“OK”** to proceed.

Service Date	Benefit Type	Product	Quantity	Unit	Total cost(\$)	
2022-09-29	Oxygen	Urban Flat Fee	1.00	Day(s)	10.88	<a href="#">Modify</a> <a href="#">Remove</a>
					<b>\$10.88</b>	

Message from webpage

**?** I have a completed Client Declaration Form in my possession or I have notified the client that their personal information is being collected and used by Alberta Health for the purpose of obtaining an AADL benefit. The information on this form is being collected and used by Alberta Health pursuant to sections 20, 21 and 22 of the Health Information Act, sections 33 and 34 of the Freedom of Information and Protection of Privacy Act (FOIP) and the Alberta Aids to Daily Living and Extended Health Benefits Regulations. For concerns regarding the collection of personal information contact, Information and Training Coordinator, AADL Program, Alberta Health 780-427-0731 or TELUS House 13th Floor, 10020 100 Street NW, Edmonton, Alberta, T5J 0N3.

Alberta Blue Cross's privacy policy which governs our collection, use and disclosure of personal information (including personal health information) is available on our website at [www.ab.bluecross.ca](http://www.ab.bluecross.ca). If you have any questions about Alberta Blue Cross's privacy policy, please contact our Privacy Officer, Alberta Blue Cross, Blue Cross Place, 10009-108 Street, Edmonton, AB T5J 3C5. Ph: 780-498-7302

Press "OK" if you agree or "Cancel" to reconsider.

**Step 4:** Once you process the claim, you will receive a confirmation from Alberta Blue Cross within seconds of your submission.

A printable copy of the patient's *Claim Statement* displays. Click **“Print”**. You must provide the patient with a printed copy of the claim statement.

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

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

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

**ALBERTA BLUE CROSS®**

Date: September 29, 2022  
Document number: 142751995

**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: Doe, Taylor  
Personal Health Number 858811120

**Health claim summary**

Total amount claimed	<b>\$10.88</b>
Total amount not paid	<b>\$0.00</b>
Amount paid	<b>\$10.88</b>

**Details**

*Each claim you submit is assessed according to the benefit rules under the Alberta Aids to Daily Living Program.*

Patient: Taylor

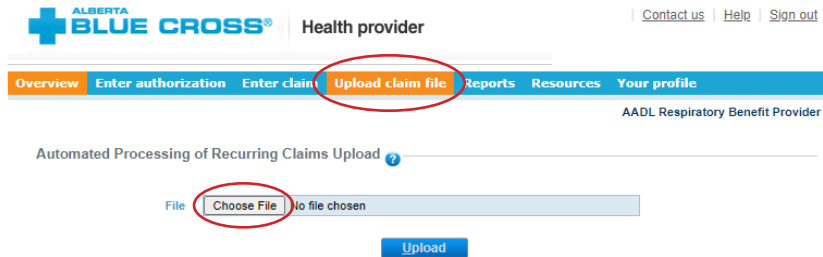
Provider: AADL Respiratory Benefit Provider

Service date (YYYY/MM/DD)	Product or service	Claimed amount	Eligible amount	Paid amount	Explanation number*
2022/09/29	Urban Flat Fee	10.88	10.88	10.88	
<b>Total</b>		<b>\$ 10.88</b>	<b>\$ 10.88</b>	<b>\$ 10.88</b>	

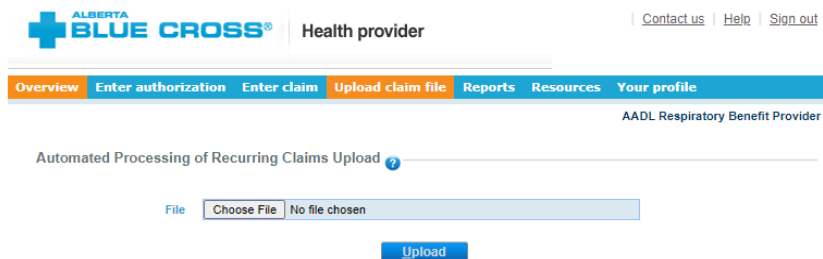
*Please retain for your records*

# Uploading a claim file

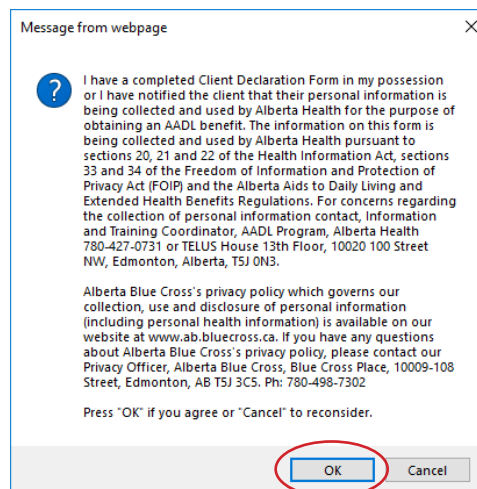
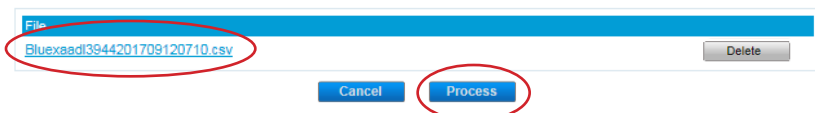
**Step 1:** Navigate to the “Upload claim file” menu option, click on the “Choose File” button and select the claim file you would like to upload.



**Step 2:** The file you have selected will appear in the summary table. You have the option of removing the file if an error has been made.



**Step 3:** Click on “Process”. You will now be asked to confirm that you have patient consent in a pop-up window. Click “OK” if you agree to proceed.



**Step 4:** Once you have added the claim file, you will see the status in the summary table below. Any error reports will also be accessible by clicking on the “View” button.

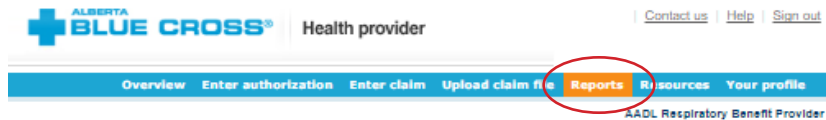
The screenshot shows the user interface for the Alberta Blue Cross Health provider portal. At the top, there is a navigation bar with the following items: 'Overview', 'Enter authorization', 'Enter claim', 'Upload claim file' (highlighted in orange), 'Reports', 'Resources', and 'Your profile'. Below the navigation bar, the page title is 'Automated Processing of Recurring Claims Upload'. There is a file upload section with a 'Choose File' button and a 'No file chosen' message. Below this is an 'Upload' button. A message box indicates 'No documents uploaded' with 'Cancel' and 'Process' buttons. Below that is another section titled 'Automated Processing of Recurring Claims Status'. It contains a table with the following data:

File	Uploaded date	Status	Errors
Bluexaad123456202210010101	2022/10/12 09:22	Processed	<a href="#">View</a>

At the bottom right of the table, there are navigation links: '<Prev' and 'Next>'. The 'View' link in the 'Errors' column of the table is circled in red.

# Accessing reports

Navigate to the **“Reports”** menu option. This screen allows you to pull up all authorizations for either a specific individual or submitted by your account.

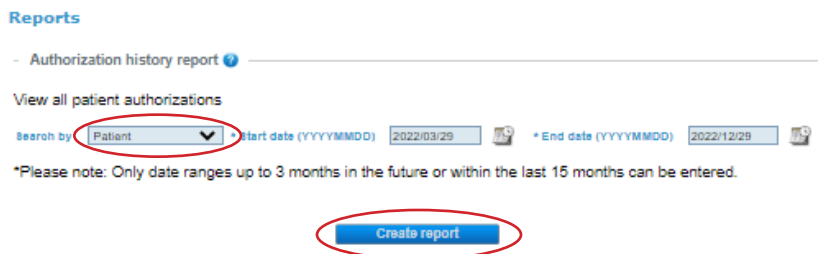


## Authorization history report—provider or patient search

To search by provider, select **“Provider”** in the drop-down menu. Enter a start and end date for the authorization history you wish to display (these dates must be within the previous 15 months).

To search by patient, select **“Patient”** in the drop-down menu. Enter a start and end date for the authorization history you wish to display (these dates must be within the previous 15 months). When prompted, enter the patient’s personal health number and date of birth.

All authorizations that are active or were submitted within the specified time are listed on a printer-friendly screen. Reference numbers, authorization types, effective and termination date as well as the status are all available for your reference.



### Respiratory benefits program Reports Authorization history report

Details

Hide details

Reference number	PHN	Patient	Type	Effective date (YYYY/MM/DD)	Termination date (YYYY/MM/DD)	Status	Action
142751989	858811120	Doe, Taylor	RH1	2022/09/28	2022/12/27	Approved	<a href="#">View</a>

## Authorization history report—reference number search

To search by reference number, select **“Reference number”** in the drop-down menu and enter the authorization reference number.

Please note this will yield results for only this specific authorization.

Reference number, authorization type, effective and termination date as well as the status are all available for your reference.

### Reports

– Authorization history report ?

View all patient authorizations

Search by **Reference number** \* Reference number

Create report

## Print summary

By clicking on **“View”** in the summary table, you will see a printable version of the authorization. You can obtain a printable copy of the authorization results by clicking **“Print”**.

### Respiratory benefits program Reports

Authorization history report

– Details

Hide details

Reference number	PHN	Patient	Type	Effective date (YYYY/MM/DD)	Termination date (YYYY/MM/DD)	Status	Action
142751989	858811120	Doe, Taylor	RH1	2022/09/28	2022/12/27	Approved	<a href="#">View</a>

### Authorization results

**Authorization status : Approved**

**Patient name:** Taylor Doe  
**PHN:** 858811120  
**Reference number:** 142751989  
**Authorization type:** RH1 - AADL Authorization  
**Effective date:** 2022/09/28  
**Termination date:** 2022/12/27

Print

## Outstanding payment report

Alberta Blue Cross will make payments to your office once daily. The **outstanding payment report** lists all transactions that are remaining to be paid, and allows you to cancel a claim.

To cancel a claim, click the **"Cancel"** hyperlink. If the hyperlink is inactive, either the payment run is in progress or the document has exceeded the cancellation timeframe and the claim cannot be cancelled in the outstanding payment report section.

If you choose to cancel a claim, you will be asked for the reason. A drop-down menu lists the common reasons. If you select **"other,"** please provide the reason. When canceling a claim, all claims associated with the document number must be canceled.

- Outstanding payment report ⓘ

View all claims remaining to be paid as of September 29, 2022

[Create report](#)

### Respiratory benefits program Reports

Outstanding payment report

Provider of service Respiratory benefits program Need help cancelling a claim? ⓘ

- Details

Hide details

Service date YYYY/MM/DD	Patient	Service	Amount claimed(\$)	Alberta Blue Cross paid(\$)	Document number	Action
2022/09/29	Doe, Taylor	Urban Flat Fee	10.88	10.88	142751995	<a href="#">View</a> <a href="#">Cancel</a>
<b>Total</b>			<b>\$10.88</b>	<b>\$10.88</b>		

[Click here to print](#)



### 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
2022/09/29	Doe, Taylor	Urban Flat Fee	10.88	10.88	142751995

Cancellation reason - Select one - - Select one - Additional services provided Claim entered in error Other [OK](#) [OK](#)



## 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 6 months.

To view a printable version of a summary of a particular payment, select the payment date and click **“Create summary”**. Alternatively, you can enter a start and end date to see a printable report of all payments within the specified dates.

- 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 - ▾

In order to access provider statements online, please register for direct deposit. To register, visit our website at <https://www.ab.bluecross.ca/pdfs/82928.pdf>

If you are unable to view your biweekly payment statement, please ensure your direct deposit information is current.

Create summary Export summary

ALBERTA BLUE CROSS®

**Payment History Report**  
for March 29, 2022 - September 29, 2022

AADL Respiratory Benefit Provider  
122-10069 108 ST NW  
EDMONTON, AB, T5J3C5

Provider of service: Respiratory benefits program

Service date (YYYY-MM-DD)	Patient PHN	Patient	Product or service	Quantity	Amount claimed(\$)	Alberta Blue Cross paid(\$)	Document number	Invoice number
---------------------------	-------------	---------	--------------------	----------	--------------------	-----------------------------	-----------------	----------------

## Patient claim statements

To print a copy of the patient’s claim statement, enter the patient’s personal health number and birth date. Then click **“Search”**. A listing of statements for the specified patient appears.

Click the **“Document number”** hyperlink for a printable summary of the claim.

- 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

**Patient Claim Statements**

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

Patient information

Name	Doe, Taylor
Personal Health Number	858811120

Provider of service Respiratory benefits program Need help cancelling a claim?

Service date	Service	Claimed amount(\$)	Blue Cross Paid(\$)	Document number	Status	Action
2022/09/29	Urban Flat Fee	10.88	10.88	142751999	Outstanding	

To generate a claim statement, select the applicable Document number. Please note that a statement may include multiple service dates.


**PLEASE NOTE**

You can reverse a claim that has been previously paid as long as the date of service is within the last 60 days.

Overview Enter authorization Enter claim Upload claim file **Reports** Resources Your profile

Choose another Claim Statement for this individual. You must provide the patient with a printed copy of this claim statement. Please click below to print.

[Back](#) [Print Alberta Blue Cross Statement](#)



Date: September 29, 2022  
 Document number: 142751995

Patient Name: Doe, Taylor  
 Personal Health Number 858811120

**Health claim summary**

Total amount claimed	\$10.88
Total amount not paid	\$0.00
Amount paid	\$10.88

**Details**  
 Each claim you submit is assessed according to the benefit rules under the Alberta Aids to Daily Living Program.

Patient: Taylor  
 Provider: AADL Respiratory Benefit Provider

Service date (YYYY/MM/DD)	Product or service	Claimed amount	Eligible amount	Paid amount
2022/09/29	Urban Flat Fee	10.88	10.88	10.88
<b>Total</b>		<b>\$10.88</b>	<b>\$10.88</b>	

*Please retain for your records*

**Cancelling a claim**

If you choose to cancel a claim, you will be asked for the reason. A drop-down menu lists the common reasons. If you select "Other," please provide the reason.

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

**Patient Claim Statements**

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

**Patient information**

Name	Doe, Taylor
Personal Health Number	858811120

Provider of service: Respiratory benefits program Need help cancelling a claim?

Service date	Service	Claimed amount(\$)	Blue Cross Paid(\$)	Document number	Status	Action
2022/09/29	Urban Flat Fee	10.88	10.88	142751995	Complete	<a href="#">Cancel</a>

To generate a claim statement, select the applicable Document number. Please note that a statement may include multiple service dates.



**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	Patient	Service	Amount claimed(\$)	AADL contribution(\$)	Document number
2022/09/29	Doe, Taylor	Urban Flat Fee	10.88	10.88	142751995

Cancellation reason: 
 - Select one -  
 - Select one -  
 Additional services provided  
 Claim entered in error  
 Other
  [OK](#)

# Additional information

## Technical information

Using the Alberta Blue Cross AADL website, an Internet connection and your browser, you can submit authorizations 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 5 consecutive, unsuccessful sign-in attempts;
- automatically signing site users out after 30 minutes of inactivity; and
- requiring written authorization before granting access to the Alberta Blue Cross AADL website.

## Contact us

For more information about access to the Alberta Blue Cross AADL website, contact the Alberta Blue Cross AADL team.

### PHONE

**587-756-8629** (Edmonton and area)  
**1-888-828-8738** (toll free, all other areas)

### EMAIL

**HealthServicesAADLINquiries@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. MT.  
Our regular office hours are Monday to Friday, 8:30 a.m. to 5 p.m. MT.

