

October 2024

Dental provider website user guide updates

Alberta Blue Cross® is pleased to offer a new provider website for dental providers. This convenient service is delivered through an easy-to-use, secure website and is free for dental providers across Canada.

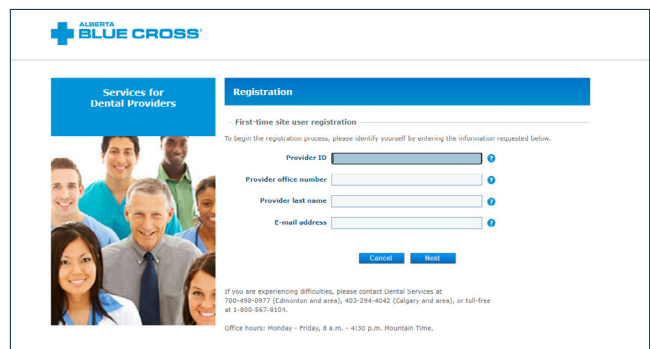
Getting started

You will be asked to create your login ID and password, agree to the Terms of Use and set up your reminder questions. Your security questions 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.

Registering for site access

To register for the dental provider website, you must fill in the following four mandatory fields:

- Provider ID
- Provider office number
- Provider last name
- Office email address



The screenshot shows the 'Registration' page of the Alberta Blue Cross dental provider website. The page has a blue header with the 'ALBERTA BLUE CROSS' logo. Below the header, there are two main sections: 'Services for Dental Providers' on the left and 'Registration' on the right. The 'Registration' section is titled 'First-time site user registration' and includes a sub-header: 'To begin the registration process, please identify yourself by entering the information requested below.' There are four input fields: 'Provider ID', 'Provider office number', 'Provider last name', and 'E-mail address'. Each field has a blue help icon (a question mark inside a circle) to its right. Below the input fields are 'Cancel' and 'Next' buttons. At the bottom of the page, there is a small text block: 'If you are experiencing difficulties, please contact Dental Services at 700-490-0977 (Edmonton and area), 403-294-4042 (Calgary and area), or toll-free at 1-800-563-8326. Office hours: Monday - Friday, 8 a.m. - 4:30 p.m. Mountain Time.'

The dental provider website will allow you to view, save or print reported claim statements, predeterminations and orthodontic treatment plan evaluations. All claim statements that are currently not printed will appear on the website for reconciliation purposes. In addition, you will have access to predeterminations under \$800.

View, save or print reported claim statements, predeterminations and orthodontic treatment plan evaluations at ab.bluecross.ca/providers/provider-dental-home.php.

Tip

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.

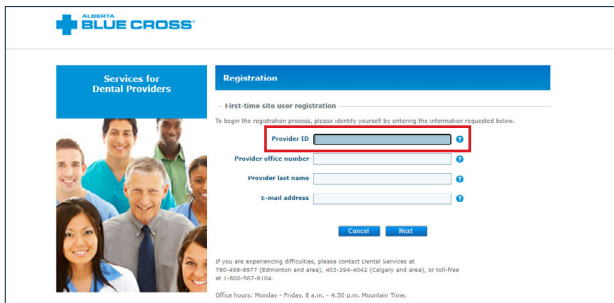
Steps to set up your account

You will be asked to create your login ID and password, agree to the Terms of Use and set up your security questions. Your security questions 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.

Step 1: Account creation

1. Enter the provider ID

The provider ID is a nine-digit number assigned by your association.

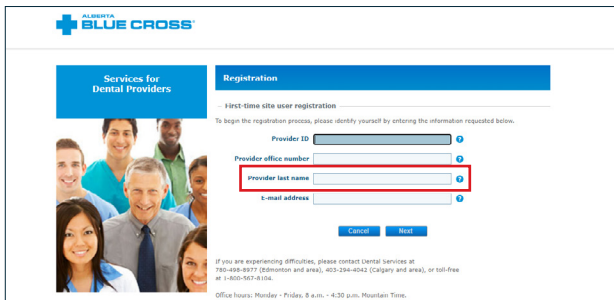


The screenshot shows the 'Registration' section of the 'Services for Dental Providers' website. The 'Provider ID' field is highlighted with a red box. Below it are fields for 'Provider office number', 'Provider last name', and 'E-mail address'. A 'Cancel' button and a 'Next' button are at the bottom. A small text block at the bottom provides contact information for dental services.

Note: Each provider has to register separately for each location (for example, each dentist in a single practice will have to register separately).

3. Enter the provider's last name

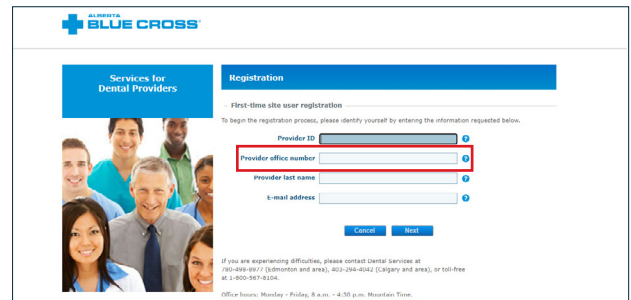
The provider's entire last name as it appears on registration with your applicable association is required in this field.



The screenshot shows the 'Registration' section of the 'Services for Dental Providers' website. The 'Provider last name' field is highlighted with a red box. Other fields include 'Provider ID', 'Provider office number', and 'E-mail address'. A 'Cancel' button and a 'Next' button are at the bottom. A small text block at the bottom provides contact information for dental services.

2. Enter the provider office number

The provider office number is assigned when your office registers for electronic claims submission and is unique to each location.

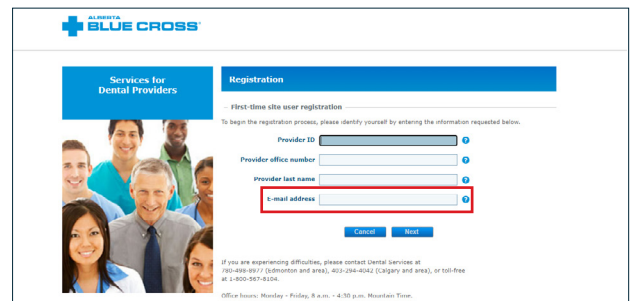


The screenshot shows the 'Registration' section of the 'Services for Dental Providers' website. The 'Provider office number' field is highlighted with a red box. Other fields include 'Provider ID', 'Provider last name', and 'E-mail address'. A 'Cancel' button and a 'Next' button are at the bottom. A small text block at the bottom provides contact information for dental services.

Example: CDAnet office number: 000z

4. Enter the email address

The email address you enter must match the one provided to Alberta Blue Cross. Please ensure your provincial or Canadian association has received any updates for email addresses to avoid a conflict of information.

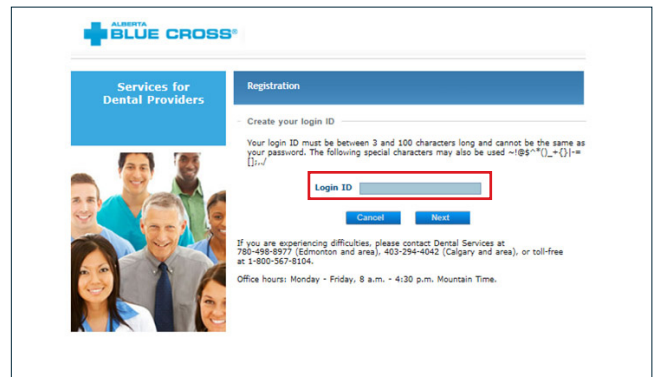


The screenshot shows the 'Registration' section of the 'Services for Dental Providers' website. The 'E-mail address' field is highlighted with a red box. Other fields include 'Provider ID', 'Provider office number', and 'Provider last name'. A 'Cancel' button and a 'Next' button are at the bottom. A small text block at the bottom provides contact information for dental services.

Step 2: Login ID

You will be required to set up a login ID that is between three and 100 characters. Please note that your login ID cannot be the same as your password.

Note: A separate login ID is required for each location. For example, if your practice has a south location and a north location, you will have separate login IDs for each location (one login could be dentistsouth and the other dentistnorth).

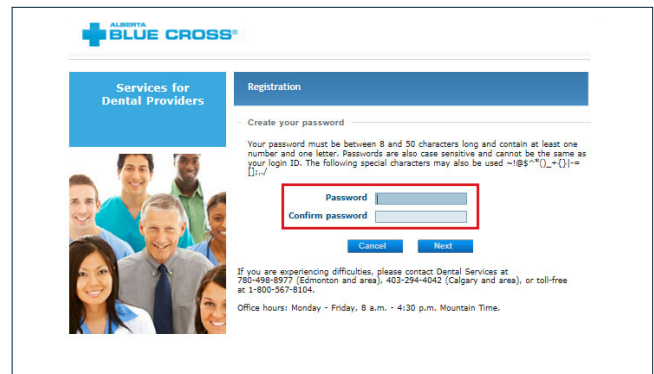


The screenshot shows the 'Registration' section of the Alberta Blue Cross website. The page title is 'Create your login ID'. Below the title, there is a text box for the 'Login ID' which is highlighted with a red rectangle. To the right of the text box are 'Cancel' and 'Next' buttons. The page also includes a navigation menu with 'Services for Dental Providers' and 'Registration', a group photo of dental professionals, and contact information for Dental Services.

Step 3: Password

Once you create your login ID, you will be asked to create a password that is between eight and 50 characters long.

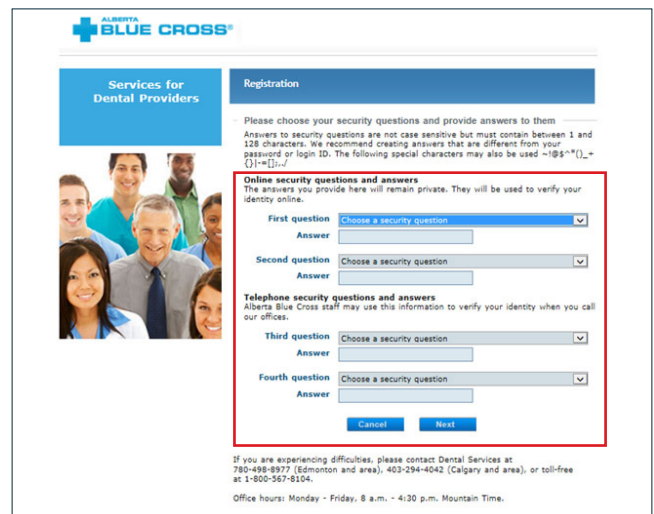
Note: Your password must contain at least one number and one letter and cannot be the same as your login ID.



The screenshot shows the 'Registration' section of the Alberta Blue Cross website. The page title is 'Create your password'. Below the title, there are two text boxes for 'Password' and 'Confirm password', both highlighted with red rectangles. To the right of the text boxes are 'Cancel' and 'Next' buttons. The page also includes a navigation menu, a group photo, and contact information.

Step 4: Security questions

Once you have created your login ID and password, you will be asked to choose your security questions and provide answers to them. These questions will only 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.



The screenshot shows the 'Registration' section of the Alberta Blue Cross website. The page title is 'Please choose your security questions and provide answers to them'. Below the title, there are four sections for 'First question', 'Second question', 'Third question', and 'Fourth question'. Each section has a dropdown menu for 'Choose a security question' and a text box for 'Answer'. The entire section is highlighted with a red rectangle. To the right of the text boxes are 'Cancel' and 'Next' buttons. The page also includes a navigation menu, a group photo, and contact information.

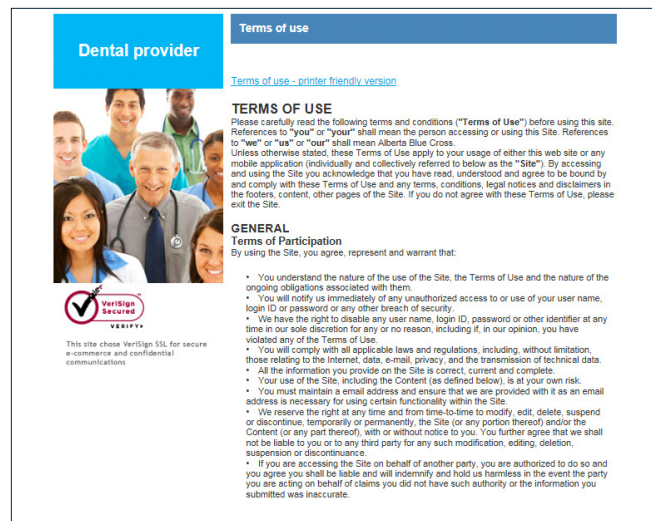
Tip

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.

Step 5: Terms of use

Once you have set up your login ID, password and security questions, you will be required to agree to the Terms of Use.

Note: Once you accept the Terms of Use, you have agreed to go paperless and will no longer have statements emailed to you. Instead, you will access them through the dental provider website as needed.



The screenshot shows the 'Terms of use' page for dental providers. It features a blue header with the text 'Dental provider' and 'Terms of use'. Below the header is a link for 'Terms of use - printer friendly version'. The main content is titled 'TERMS OF USE' and includes a disclaimer: 'Please carefully read the following terms and conditions ("Terms of Use") before using this site. References to "you" or "your" shall mean the person accessing or using this Site. References to "we" or "us" or "our" shall mean Alberta Blue Cross. Unless otherwise stated, these Terms of Use apply to your usage of either this web site or any mobile application (individually and collectively referred to below as the "Site"). By accessing and using the Site you acknowledge that you have read, understood and agree to be bound by and comply with these Terms of Use and any terms, conditions, legal notices and disclaimers in the footers, content, other pages of the Site. If you do not agree with these Terms of Use, please exit the Site.' Below this is a 'GENERAL Terms of Participation' section with a list of terms and conditions. A 'VeriSign Secured' logo is visible in the bottom left corner.

Steps to sign in to your account

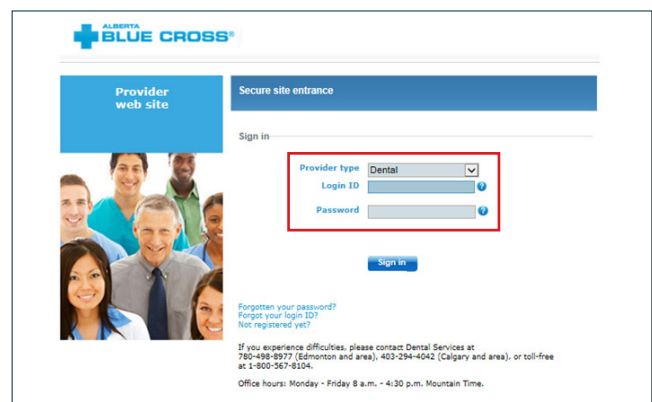
Once you are registered, each time you enter the site, you will go through the following steps to sign in.

Sign in

To sign in to the dental provider website, select "dental" from the provider type drop-down menu and enter your login ID and password.

If you have forgotten your password, select "Forgot your login ID?" and follow the prompts.

Note: For ease of use, create a bookmark for this page. This way, you can directly access the sign-in page.



The screenshot shows the sign-in page for dental providers. It features the Alberta Blue Cross logo at the top. The page is titled 'Provider web site' and 'Secure site entrance'. There is a 'Sign in' section with a 'Provider type' dropdown menu set to 'Dental', a 'Login ID' field, and a 'Password' field. A 'Sign in' button is located below the fields. There are links for 'Forgot your password?' and 'Forgot your login ID? Not registered yet?'. At the bottom, there is contact information for dental services: 'If you experience difficulties, please contact Dental Service at 780-498-8977 (Edmonton and area), 403-294-4042 (Calgary and area), or toll-free at 1-800-567-8104. Office hours: Monday - Friday 8 a.m. - 4:30 p.m. Mountain Time.'

Features of the site

1. Overview

The overview page contains important information for dental providers, including important updates from Alberta Blue Cross, community news and claiming tips. The information on this page will be updated on a regular basis.

The screenshot shows the 'Overview' page for dental providers. At the top, there is a navigation bar with the Alberta Blue Cross logo and 'Dental providers' text, along with links for 'Contact us', 'Help', and 'Sign out'. Below this is a secondary navigation bar with tabs for 'Overview', 'Reports', 'DASP/LIHB Upload', 'Member Coverage Eligibility', 'Resources', and 'Your profile'. The main content area is titled 'Overview' and 'Welcome'. It features a large image of a dental professional. To the right of the image is a 'New Benefit available!' announcement regarding the 2017 fee guides, with a 'Read more' link. Below the image is a section titled 'We are excited to launch our new provider website!' with a brief description. Further down is an 'Articles of importance' section with three sub-articles: 'Keep your software up to date', 'CDAnet 4.1', and 'Modem shutdown', each with a 'Read more' link. To the right of the articles is a 'Community news' section with a photo of a group of people and an article titled 'Alberta Blue Cross sponsors Youth Run Club in support of physical health', also with a 'Read more' link. At the bottom right is another article titled 'Healthy Communities Grant Program' with a 'Read more' link.

Tip

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. Reports

Claim payment report




Predetermination and
orthodontic treatment
plan evaluation report



Individual patient
statement report



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Reports

Claim payment report

Search by date range

Please note: This report excludes predeterminations and orthodontic treatment plan evaluations. For a specific patient's details, please search the individual patient statement report below.

* Start date(YYYYMMDD)  * End date(YYYYMMDD) 

[Create report](#)

Predetermination and orthodontic treatment plan evaluation report

Please note: This report displays predeterminations and orthodontic treatment plan evaluations reported during the last 30 days. To see a wider date range for a specific patient, please search the individual patient statement report below.

[Create report](#)

Individual patient statement report

Search by patient

Please note: This report displays claims or predeterminations and orthodontic treatment plan evaluations for individual patients.

ID *

Group number *

Date of birth (YYYY-MM-DD) *

Statement type *

[Reset](#) [Create report](#)

Tip

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.

2a. Claim payment report

This report displays any reported claims. The claim payment report will display claims that were paid to the provider from the previous two weeks. To change the date range, click on the calendar icon.

This report excludes predeterminations and orthodontic treatment plan evaluations. For a specific patient's details, please search the individual patient's statement report.

Note: If a detailed breakdown is required, simply click on the document ID (circled in red) and a dental claim summary will pop up.

Claim payment report

Search by date range

Please note: This report excludes predeterminations and orthodontic treatment plan evaluations. For a specific patient's details, please search the individual patient statement report below.

Start date (YYYYMMDD)

End date (YYYYMMDD)

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Claim payment report

Joe Dentist
123 Smith Street
Edmonton, AB T5T 5T5

Statement ID	Statement date	Direct deposit date	Patient	Cardholder	Amount claimed	Alberta Blue Cross paid	Document ID
34180452	2016-10-06	2016-10-07	Joe Patient	Joe Patient	95.82	76.50	47791396
34180451	2016-10-06	2016-10-07	Joe Patient	Jane Patient	19.12	19.12	47791399
34180447	2016-10-06		Peter Portal	Peter Portal	84.95	67.95	47791398
34180450	2016-10-06	2016-10-07	Michelle Test	Michelle Test	154.83	47.80	47791397
34180449	2016-10-06	2016-10-07	Michelle Test	Michelle Test	101.36	57.22	47791395
Total					436.56	268.60	
34180430	2016-10-05	2016-10-06	Joe Patient	Joe Patient	84.28	50.68	47791370
34180429	2016-10-05	2016-10-06	Joe Patient	Jane Patient	13.60	13.60	47791370
34180428	2016-10-05	2016-10-06	Peter Portal	Peter Portal	55.09	44.08	47791369
34180427	2016-10-05	2016-10-06	Peter Portal	Peter Portal	84.36	50.68	47791368
34180426	2016-10-05	2016-10-06	Michelle Test	Michelle Test	97.52	57.22	47791367
Total					281.25	216.26	
Report Total					717.81	484.86	

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Here is an example of a pop up display of a dental claim summary.



Direct deposit payment date: October 6, 2016
Statement number: 34180457
PAYMENT MADE BY DIRECT DEPOSIT: 7501424

Member: Jane Patient
ID number: 123456-78
Group: 123 Section: SS
Provider ID: 090111100

Dental claim summary

Total amount claimed	\$123.65
Amount not paid	\$72.90
Total amount paid	\$51.05

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 claim statement for descriptions of terms, and to your benefit information for plan details.

Service date YYYYMMDD	Procedure code description	Tooth code surface	Claimed amount	Eligible amount	Percent of eligible amount covered	Other plan paid	This plan paid	Explanation number*
2016/09/20	02144 Radiograph		123.65	51.05	100%	0.00	51.05	1659
Totals for Jane:			\$123.65	\$51.05		\$0.00	\$51.05	

*Explanations
The numbered explanations below provide details of how specific procedure codes were assessed.

1659	The eligible professional fee is based on your plan's dental fee guide.
------	---

Understanding this statement - Terms and Explanations

Percent of eligible amount covered: Most benefit plans have guidelines, such as fee schedules, that specify the maximum amount they will consider reimbursing for a procedure, service, or a group of procedures or services. This amount is called the eligible amount. In addition, benefit plans usually specify the percentage of the eligible amount that will be paid. For example: Your dental provider may submit a fee of \$100 for a particular procedure or service. If the eligible amount for your plan is \$55 and your plan covers 50 percent of that, it will then reimburse you a maximum of \$76. It is important to consult your benefit information to determine the percent covered by your benefit plan.

Coordination of Benefits (COB): This is a process that allows eligible individuals, couples or families with more than one benefit plan to combine their benefits coverage to receive up to the maximum eligible amount in accordance with the contract provisions. If you or your eligible dependents have coverage through another benefit carrier, you may submit this statement as part of a claim to your other benefit carrier for coordination of benefits, if your other benefit plan has already paid for part of your claim, the amount covered will be indicated in the Other plan paid column.

Maximum: A benefit plan may have a maximum amount that it will pay for a procedure, service, or a group of procedures or services. You are responsible for the remaining amount either on your own, or through coordination of benefits.

Note: If you lose the original statement, copies are available for a fee. If you have questions or concerns about this statement, please contact our office by mail or phone within 30 days of receiving it.

Our mailing address is Alberta Blue Cross, 10069-108 Street NW, Edmonton, Alberta T5J 3C5.

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2b. Predetermination and orthodontic treatment plan evaluation report

This report displays predeterminations and orthodontic treatment plan evaluations reported during the last 30 days. To see a wider date range for a specific patient, please search the individual patient statement report.

Predetermination and orthodontic treatment plan evaluation report

Please note: This report displays predeterminations and orthodontic treatment plan evaluations reported during the last 30 days. To see a wider date range for a specific patient, please search the individual patient statement report below.

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Predetermination and orthodontic treatment plan evaluation report

Joe Dentist
123 Smith Street
Edmonton, AB T5T 5T5

Statement ID	Statement date (YYYY-MM-DD)	Patient	Cardholder	Document type	Document ID
34180477	2016-10-07	Joe Patient	Joe Patient	Predetermination	47791454
34180481	2016-10-07	Joe Patient	Jane Patient	Predetermination	47791454
34180491	2016-10-07	Peter Portal	Peter Portal	Orthodontic treatment plan	47791433
34180473	2016-10-07	Michelle Test	Michelle Test	Predetermination	47791392
34180476	2016-10-06	Joe Patient	Joe Patient	Predetermination	47791394
34180480	2016-10-06	Joe Patient	Jane Patient	Predetermination	47791394
34180485	2016-10-06	Peter Portal	Peter Portal	Predetermination	47791392
34180488	2016-10-06	Michelle Test	Michelle Test	Orthodontic treatment plan	47791392
34180440	2016-10-05	Joe Patient	Joe Patient	Orthodontic treatment plan	47791385
34180442	2016-10-05	Joe Patient	Jane Patient	Orthodontic treatment plan	47791385
34180438	2016-10-05	Peter Portal	Peter Portal	Predetermination	47791384
34180436	2016-10-05	Michelle Test	Michelle Test	Predetermination	47791383

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Note: If a detailed breakdown is required, simply click on the document ID (circled in red) and a dental claim summary will pop up. Pop ups displayed below are examples of a dental treatment plan evaluation and an orthodontic treatment plan evaluation.

ALBERTA BLUE CROSS

Evaluation date: October 7, 2016
Statement number: 34180477
Verification number: 47791404

Member: Joe Patient
ID number: 123456-78
Group: 12 Section: CEE
Provider ID: 09011100

DR. JOE DENTIST
123 SMITH STREET
EDMONTON AB T5T 5T5

Details of dental treatment plan evaluation

Please note: This evaluation may become void if the treatment is not completed within 120 days from the evaluation date, or if the proposed treatment has changed from the original request, or if the patient ceases to be eligible for coverage, or if the coverage is terminated, or the benefits change. To obtain reimbursement for completed work, a claim must be submitted to Alberta Blue Cross.

Patient Name: Joe Patient
ID Number: 123456-78 Group: 12 Section: CEE Reference: 201602485002

Assessed procedure	Tooth code/surface	Professional fees		Lab fees		Percent of eligible amount covered	Estimated maximum covered	Explanation number*
		Estimate submitted	Eligible amount	Estimate submitted	Eligible amount			
02144 Radiograph		212.69	76.00	0.00	0.00	60%	60.80	1603 1659 4334
Estimated totals		\$212.69	\$76.00	\$0.00	\$0.00		\$60.80	20533 29075

***Explanations**
The numbered explanations below provide details of how specific procedure codes were assessed:

- 1603 This service is payable at 60 percent of the allowed amount.
- 1659 The eligible professional fee is based on your plan's dental fee guide.
- 4334 Please note: Government of Alberta employees may now access their claims information online at www.ab.bluecross.ca/login.html
- 20533 This service is not subject to a dollar maximum.
- 29075 This service is limited to 2 in 12 Months starting 2016-07-01.

Understanding this statement - Terms and Explanations

Percent of eligible amount covered: Most benefit plans have guidelines, such as fee schedules, that specify the maximum amount they will consider reimbursing for a procedure, service, or a group of procedures or services. This amount is called the **eligible amount**. In addition, benefit plans usually specify the percentage of the eligible amount that will be paid. For example, your dental provider may submit a fee of \$100 for a particular procedure or service. If the eligible amount for your plan is \$50 and your plan covers 80 percent of that, it will then reimburse you a maximum of \$76. It is important to consult your benefit information to determine the percent covered by your benefit plan.

Coordination of Benefits (COB): This is a process that allows eligible individuals, couples or families with more than one benefit plan to combine their benefits coverage to receive up to the maximum eligible amount in accordance with the contract provisions. If you or your eligible dependents have coverage through another benefit carrier, you may submit this statement as part of a claim to your other benefit carrier for coordination of benefits. If your other benefit plan has already paid for part of your claim, the amount covered will be indicated in the **Other plan paid** column.

Maximum: A benefit plan may have a maximum amount that it will pay for a procedure, service, or a group of procedures or services. You are responsible for the remaining amount, either on your own, or through coordination of benefits.

Note: If you lose the original statement, copies are available for a fee. If you have questions or concerns about this statement, please contact our office by mail or phone within 30 days of receiving it.

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

Part of your healthy future.

ALBERTA BLUE CROSS

Evaluation date: October 7, 2016
Statement number: 34180481
Verification number: 47791403

Member: Peter Portal
ID number: 123456-78
Group: 12 Section: CEE
Provider ID: 09011100

DR. JOE DENTIST
123 SMITH STREET
EDMONTON AB T5T 5T5

Orthodontic treatment plan evaluation

This evaluation is based on the plan member's coverage in effect when the orthodontic treatment plan was received. Final payment determination will be based on the plan member's coverage in effect on the date treatment is rendered or, if applicable, on the date installment payments fall due. To obtain reimbursement for orthodontic services, a claim form must always be submitted and must be received by Blue Cross prior to expiration of your plan's claiming limitation. If a provider has given you an official paid receipt, it will not be necessary to complete the dentist portion of the form or sign it. Please note the orthodontic expenses will not be reimbursed in advance of their due date.

Patient Name: Peter Portal
ID Number: 123456-78 Group: 12 Section: CEE Reference: 201602485002

Dentist's submitted payment arrangement

Procedure code/description	Total cost	Length of treatment	Initial fee	Instalment fee	Number of instalments	Instalment frequency	Explanation number*
84101 Ortho Case Type	3,000.00	6 Months	2,000.00	200.00	5	Monthly	

Approved payment arrangement

Procedure code/description	Initial fee	Instalment fee	Percent of initial and instalment fees covered	Number of instalments	Instalment frequency	Explanation number*
84101 Ortho Case Type	2,000.00	200.00	60%	5	Monthly	1603 4334 28711

Additional services

Assessed procedure	Tooth code/surface	Professional fees	Lab fees	Percent of eligible amount covered	Estimated maximum covered	Explanation number*
		Estimate submitted	Estimate submitted			

***Explanations**
The numbered explanations below provide details of how specific procedure codes were assessed:

- 1603 This service is payable at 60 percent of the allowed amount.
- 4334 Please note: Government of Alberta employees may now access their claims information online at www.ab.bluecross.ca/login.html
- 28711 A new orthodontic treatment plan is required if no claims for this treatment are received within twelve (12) months from the evaluation date.

2c. Individual patient statement report

This report displays claims or predeterminations and orthodontic treatment plan evaluations for individual patients.

Enter the patient information in the mandatory fields and select your desired statement type.

If you select claims from the statement drop-down menu, the report will pull all the claims specific to that individual patient, for a period of one year, that were paid to the provider. If you select predeterminations and orthodontic treatment plan evaluations, the report will display predeterminations specific to the individual patient (over a duration of 120 days) that were submitted by the provider. All orthodontic evaluations for that individual patient's lifetime will also be displayed.

Note: If your patient shares a coverage number and date of birth with a family member (for example, twins), you will receive a prompt to enter additional information. Alternatively, you can enter the patient's tag along with their coverage number.

For example, 123456-78

If a detailed breakdown is required, simply click on the document ID (circled in red) and a dental treatment plan evaluation will pop up.

Individual patient statement report

Search by patient

Please note: This report displays claims or predeterminations and orthodontic treatment plan evaluations for individual patients.

ID *

Group number *

Date of birth (YYYY-MM-DD) *

Statement type *

Dental providers

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Individual patient statement report

Joe Dentist
123 Smith Street
Edmonton, AB T5T 5T5

Statement ID	Statement date	Direct deposit date	Patient	Cardholder	Amount claimed	Alberta Blue Cross paid	Document ID
34180456	2016-10-07	2016-10-08	Joe Patient	Joe Patient	77.88	60.80	47791437
34180455	2016-10-07	2016-10-08	Joe Patient	Jane Patient		17.08	47791437
Total					77.88	77.88	
34180452	2016-10-06	2016-10-07	Joe Patient	Joe Patient	95.62	76.50	47791399
34180451	2016-10-06	2016-10-07	Joe Patient	Jane Patient		19.12	47791399
Total					95.62	95.62	
34180430	2016-10-05	2016-10-06	Joe Patient	Joe Patient	64.28	50.68	47791370
34180429	2016-10-05	2016-10-06	Joe Patient	Jane Patient		13.60	47791370
Total					64.28	64.28	
Report Total					237.78	237.78	

Evaluation date: October 7, 2016
Statement number: 34180477
Verification number: 47791404

Member: Joe Patient
ID number: 123456-78
Group: 12 Section: CEE
Provider ID: 09011100

DR. JOE DENTIST
123 SMITH STREET
EDMONTON AB T5T 5T5

Details of dental treatment plan evaluation

Please note: This evaluation may become void if the treatment is not completed within 120 days from the evaluation date, or if the proposed treatment has changed from the original request, or if the patient ceases to be eligible for coverage, or if the coverage is terminated, or the benefits change. To obtain reimbursement for completed work, a claim must be submitted to Alberta Blue Cross.

Patient Name: Joe Patient Group: 12 Section: CEE Reference: 20160485202
ID Number: 123456-78

Assessed procedure	Tooth code/ surface	Professional fees		Lab fees		Percent of eligible amount covered	Estimated maximum covered	Explanation number
		Estimate submitted	Eligible amount	Estimate submitted	Eligible amount			
02144 Radiograph		212.69	76.00	0.00	0.00	80%	60.80	1603 1659 4334 20513 29275
Estimated totals		\$212.69	\$76.00	\$0.00	\$0.00		\$60.80	

*Explanations

The numbered explanations below provide details of how specific procedure codes were assessed:

- 1603 This service is payable at 80 percent of the allowed amount.
- 1650 The eligible professional fee is based on your plan's dental fee guide.
- 4334 Please note: Government of Alberta employees may now access their claims information online at www.ab.bluecross.ca/login.html
- 2653 This service is not subject to a dollar maximum.
- 2675 This service is limited to 2 in 12 months starting 2016-07-01.

Understanding this statement - Terms and Explanations

Percent of eligible amount covered: Most benefit plans have guidelines, such as fee schedules, that specify the maximum amount they will consider reimbursing for a procedure, service, or a group of procedures or services. This amount is called the **eligible amount**. In addition, benefit plans usually specify the percentage of the eligible amount that will be paid. For example: Your dental provider may submit a fee of \$100 for a particular procedure or service. If the eligible amount for your plan is \$95 and your plan covers 80 percent of that, it will then reimburse you a maximum of \$76. It is important to consult your benefit information to determine the percent covered by your benefit plan.

Coordination of Benefits (COB): This is a process that allows eligible individuals, couples or families with more than one benefit plan to combine their benefits coverage to receive up to the maximum eligible amount in accordance with the contract provisions. If you or your eligible dependents have coverage through another benefit carrier, you may submit this statement as part of a claim to your other benefit carrier for coordination of benefits. If your other benefit plan has already paid for part of your claim, the amount covered will be indicated in the Other plan paid column.

Maximum: A benefit plan may have a maximum amount that it will pay for a procedure, service, or a group of procedures or services. You are responsible for the remaining amount, either on your own, or through coordination of benefits.

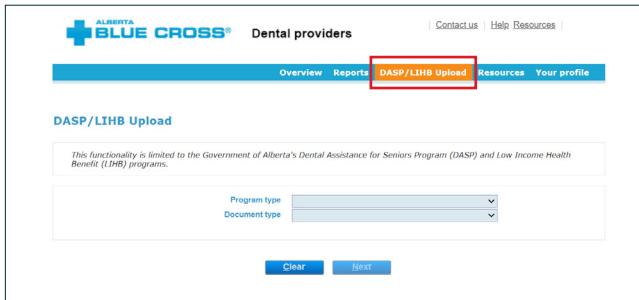
Note: If you lose the original statement, copies are available for a fee. If you have questions or concerns about this statement, please contact our office by mail or phone within 30 days of receiving it.

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

Part of your healthy future.

3. DASP/LIHB upload

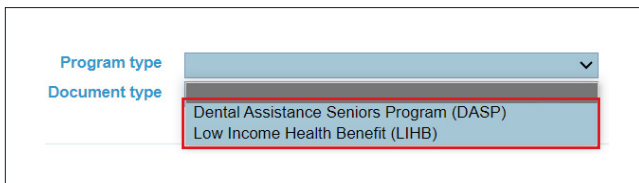
The Dental Assistance for Seniors Program (DASP) and Low Income Health Benefits (LIHB) upload tab allows you to upload all DASP and LIHB exception requests, LIHB vouchers, Family Supports for Children with Disabilities (FSCD), Supports for Permanency (SFP) and Orthodontic Treatment Plans (OTPs).



Note: DASP or LIHB exception requests should only be submitted for dental services not listed as eligible on the applicable fee schedules and/or according to the exception requirements document. Before you submit an exception request, please ensure you do the following:

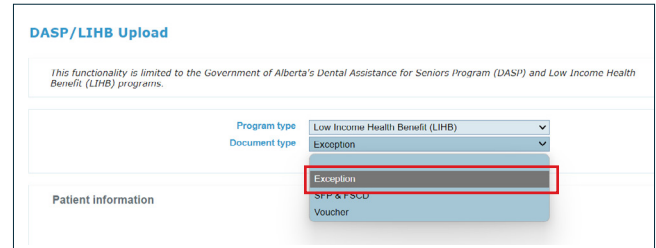
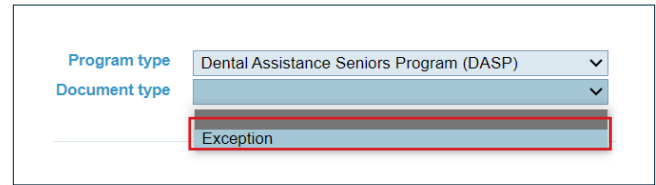
- review the exception requirements document,
- submit a pre-determination (via CDAnet or mail to Alberta Blue Cross) and
- receive a pre-determination Explanation of Benefits (EOB) from Alberta Blue Cross (via CDAnet or the provider website), showing the rejected dental service.

Choose the applicable program type.

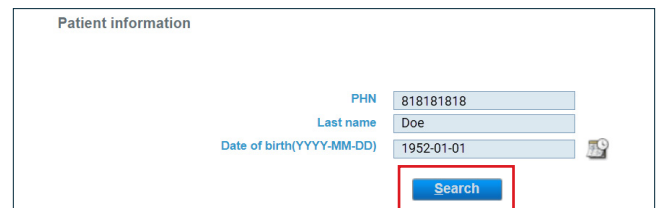


Exceptions for DASP and LIHB programs

Select the documentation type exception under either program type.

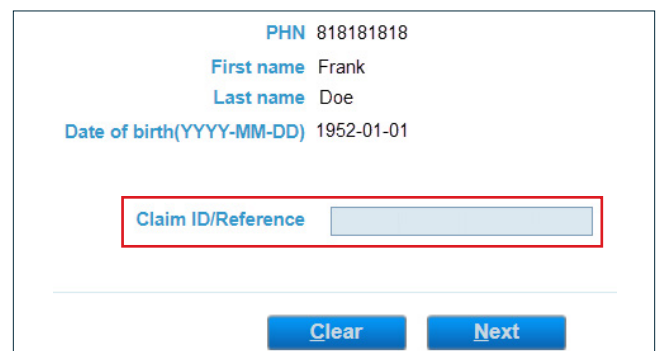


Enter the requested patient information, then click "search".



If the patient can be identified in our system, the first name will added to the patient information, which can assist you in confirming that the correct patient has been identified.

Enter the claim ID or reference number from the EOB that you received, showing the rejected dental service, then click "next".



If our system cannot identify the patient, you will receive an error message. Please confirm the patient information you entered is correct, and if our system still cannot identify the patient, call our provider contact centre for assistance.

DASP/LIHB Upload

Error
No records matching your search criteria were found.

This functionality is limited to the Government of Alberta's Dental Assistance for Seniors Program (DASP) and Low Income Health Benefit (LIHB) programs.

From this screen, choose an electronic file for upload, provide a brief, but detailed explanation for the exception request in the comments section, then click “upload”. File types include pdf, doc, docx, jpg, jpeg, png, gif, bmp, tif and tiff.

DASP/LIHB Upload

Patient information

Last name Doe
First name Frank

Supporting documentation

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

- Exception

File Choose File No file chosen

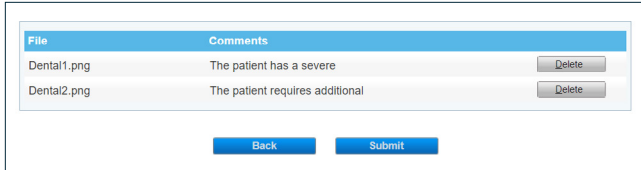
Comments

Upload

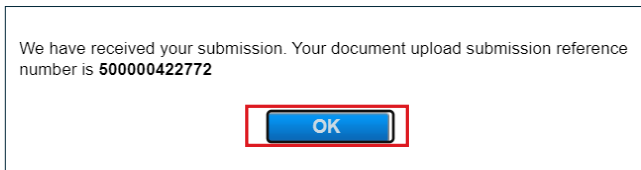
Note: the electronic files that need to be to be uploaded generally include the pre-determination EOB and any other documentation identified in the exception requirements document. For example, radiographs, bitewings, periodontal reporting and so forth.

Once a document has been uploaded, you can do the following:

- upload more documents, to a maximum of 10;
- delete the document or
- submit the document.



Upon successful submission, you will receive a notification that includes a submission reference number. This number should be documented and referenced when calling the dental provider contact centre with exception-related questions.

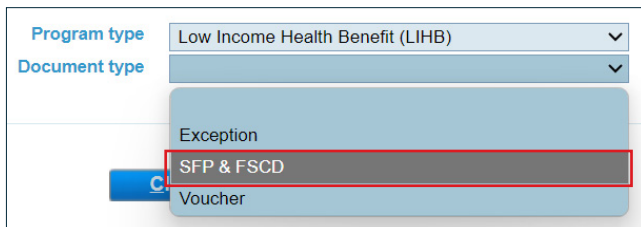


Once the exception request has been reviewed by Alberta Blue Cross, you will receive another EOB via CDAnet or the provider website.

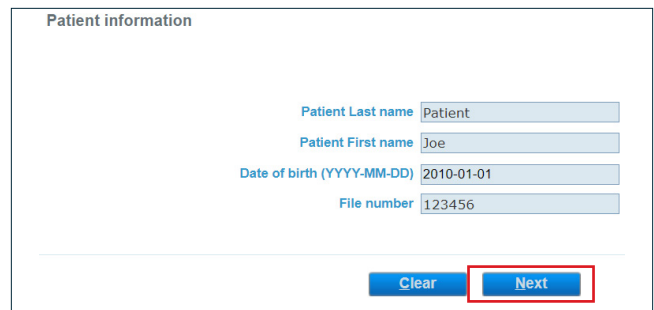
If additional information is required, the EOB will provide details. Please resubmit the entire exception request using the same process, including the missing information.

OTPs for LIHB programs

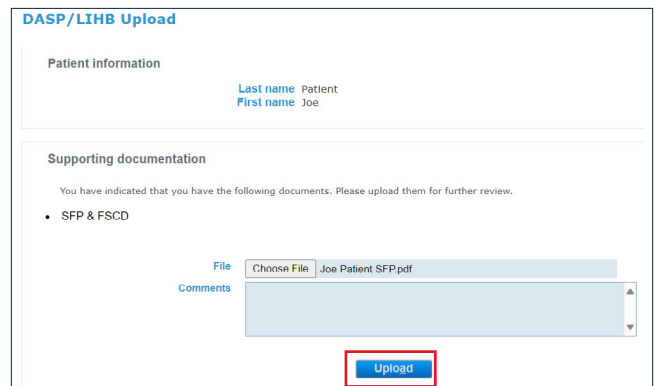
To submit LIHB SFP and FSCD OTPs, select the “SFP & FSCD” document type.



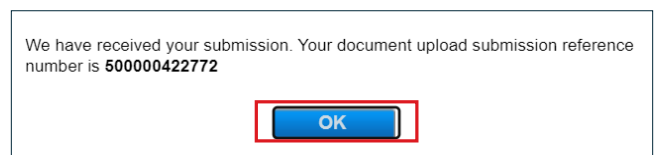
Enter the requested patient information, including first name and file number, then click “next”.



Select the applicable electronic files, add any necessary comments and upload them. Up to 10 files can be uploaded and submitted.



Upon successful submission, you will receive a pop-up confirmation, including a **submission reference number**. This number should be documented and referenced when calling the dental provider contact centre with voucher and SFP and FSCD OTP related questions.



Once the OTP request has been reviewed by Alberta Blue Cross, you will receive an EOB via CDAnet or the provider website.

If additional information is required, the EOB will provide details. Please resubmit the entire OTP request using the same process, including the missing information.

Vouchers for LIHB programs

To submit LIHB vouchers, select the “voucher” document type.

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Overview Reports **DASP/LIHB Upload** Member Coverage Eligibility Resources Your profile

DASP/LIHB Upload

This functionality is limited to the Government of Alberta's Dental Assistance for Seniors Program (DASP) and Low Income Health Benefit (LIHB) programs.

Program type: Low Income Health Benefit (LIHB)

Document type: **Voucher**

Exception: SED & ESCD

Enter the requested patient information, including the client type, file number and voucher issue date, then click “next”.

If the client type on the voucher is not listed in the drop down menu, call our contact centre.

Patient information

Patient Last name: Patient

Patient First name: Joe

Date of birth (YYYY-MM-DD): 2010-01-01

Client type: I2

File number: 123456

Voucher issue date (YYYY-MM-DD): 2024-11-01

Clear Next

Select the applicable electronic file, add any necessary comments and click “upload”, then “submit”. The file types that can be submitted include pdf, doc, docx, jpg, jpeg, png, gif, bmp, tif and tiff.

Supporting documentation

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

- Voucher

File: Choose File No file chosen

Comments:

Upload

File	Comments
Joe Patient Voucher.pdf	Delete

Back Submit

Upon successful submission, you will receive a pop-up confirmation, including a submission reference number AND the member information necessary for the successful submission of electronic claims (e.g. client ID, group & section).

We have received your submission. Your document upload submission reference number is **50000604228**

Patient Information
Last name: Patient
First name: Joe
Date of birth: 2010-01-01
Client ID: 10633439-49
Group: 19823
Section: 000

Please save this information in your records as once you click OK, you will no longer be able to access these details. Proceed with submitting an electronic claim or predetermination to Alberta Blue Cross using the member details you have documented.

OK

Do NOT click OK until the information found in the pop-up is documented in your records. Once you click OK, the information cannot be retrieved.

All claims and predeterminations related to this voucher can now be submitted to Alberta Blue Cross electronically.

Note: Please ensure the information on the voucher is accurate and complete. If the information on the submitted voucher is incomplete, related claims will reject with a notification advising information is missing or invalid. If a replacement voucher is subsequently submitted, it will generate NEW member information to be used for related electronic claim submissions.

4. Member Coverage Eligibility

The member coverage eligibility tool allows you to look up basic information about a patient's coverage, providing the patient has **active** coverage with Alberta Blue Cross. This includes our group plans, individual product plans and government-sponsored plans.

The information provided is intended to be used as a tool to confirm that a patient has current dental coverage with Alberta Blue Cross and to provide some basic information regarding coverage and services. It is NOT a guarantee of payment. For information regarding specific eligibility for services and limits, please submit a predetermination to Alberta Blue Cross.

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Overview Reports DASP/LIHB Upload **Member Coverage Eligibility** Resources Your profile

Member Coverage Eligibility

Patient information

ID number

Group number LIHB and DASP group information

Last name

Date of birth (YYYY-MM-DD)

To look up a member, navigate to the Member Coverage Eligibility tab, and enter the member's ID number, group number, last name and birth date, then click submit. For information about Low Income Health Benefit and Dental Assistance for Seniors group numbers, select the question mark for more information.

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Overview Reports DASP/LIHB Upload **Member Coverage Eligibility** Resources Your profile

Member Coverage Eligibility

Patient information

ID number

Group number LIHB and DASP group information

Last name

Date of birth (YYYY-MM-DD)

Note: All four fields are mandatory. If any fields are left blank, a "value must be entered message" will appear under the applicable fields when you select submit.

If a unique coverage is not found (for example, there is more than one possible member found), you will receive the message: "More information is required because multiple patients match your search. Please enter the patient's first and last name, exactly how it appears on their identification card, to ensure that the correct patient is located."

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Overview Reports DASP/LIHB Upload **Member Coverage Eligibility** Resources Your profile

Member Coverage Eligibility

Error
More information is required because multiple patients match your search. Please enter the patient's first and last name, exactly how it appears on their identification card, to ensure that the correct patient is located.

Patient information

ID number

Group number LIHB and DASP group information

First name

Last name

Date of birth (YYYY-MM-DD)

If the coverage entered is not active, the following message will display: "The submitted Identification for this patient is not for an active coverage."

If no results are found, you will receive the following message: "No records matching your search criteria were found." Please confirm the information with your patient to confirm that there are no errors.

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Member Coverage Eligibility

Error
No records matching your search criteria were found.

Patient information

ID number

Group number LIHB and DASP group information


Last name

Date of birth (YYYY-MM-DD)

When you successfully search for a patient, a coverage section will appear, showing the plan member's coverage information and co-insurance percentages for available dental services under their plan.

There is also a common services section that shows some of the basic services available to the plan member, including the frequency limitations, the last date of service and the next eligible date.

Note: The information provided is accurate up to the 'Last updated' date displayed on the results page and does not consider Coordination of Benefits, or changes to the plan design or eligibility, or services and/or claims completed but not yet reported as of the displayed date. The look-up tool is not to be used to confirm eligibility for specific services and is NOT a guarantee of payment. For the most up-to-date information and eligibility information on specific dental services, please submit a predetermination for all treatment prior to completing services.


Dental providers
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Member Coverage Eligibility

Patient information

Name	Doe, Jamie
ID number	123456-78
Group number	
Date of birth	2000-01-01

— Coverage —

Member plan status: Active

Coverage	Payable	Notes
Basic	80%	\$2,500 per person per benefit period (Apr 01, 2024 - Mar 31, 2025).
Extensive	50%	\$3,000 per person per benefit period (Apr 01, 2024 - Mar 31, 2025).
Orthodontic	50%	\$3,000 per person lifetime (Age restrictions may apply) All orthodontic work must be preauthorized prior to work commencing and claims being considered for payment.

Last updated October 17 2024 12:00 a.m. MT

Information is valid as of the last updated date above but does not take into account coordination of benefits or guarantee payment.

To see if patient is eligible for specific services and procedures, including frequency limitations, age restrictions, dollar maximum usage and benefit period, submit an electronic predetermination.

This plan covers the maximum percentage outlined in the fee guide. Percentages will vary by procedure.

If patient has another Alberta Blue Cross plan, perform a search with those plan details.

The information does not consider updates or claims that have taken place since the date indicated above and could include changes to the plan design. For information regarding eligibility of specific service and procedures, please submit an electronic predetermination.

— Common Services —

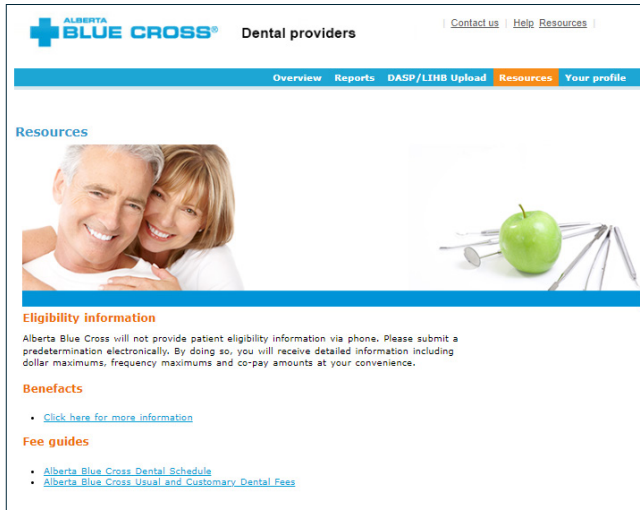
Procedure	Service last performed	Next Date Eligible	Units Available On Next Date Eligible
Recall exam(Basic)	N/A	2024-10-17	1
Bitewing X-ray(Basic)	N/A	2024-10-17	1
Polishing(Basic)	N/A	2024-10-17	1
Fluoride(Basic)	N/A	2024-10-17	1
Scaling(Basic)	N/A	2024-10-17	12

For more information about dollar maximums, submit a predetermination. This information may be void if patient becomes ineligible for coverage, their coverage is terminated or their benefits change.

Clear

5. Resources

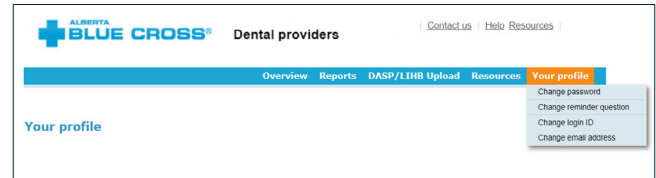
The resource page will contain valuable information and links for your convenience.



The screenshot shows the 'Resources' page for dental providers. The navigation bar includes 'Overview', 'Reports', 'DASP/LIHB Upload', 'Resources', and 'Your profile'. The main content area features a header image of a smiling couple and dental tools. Below the image, there are sections for 'Eligibility information', 'Benefacts', and 'Fee guides', each with a list of links.

6. Your profile

You can manage your online profile, including changing your password, security questions, login ID and email address.



The screenshot shows the 'Your profile' page for dental providers. The navigation bar includes 'Overview', 'Reports', 'DASP/LIHB Upload', 'Resources', and 'Your profile'. The main content area features a header image of a smiling couple and dental tools. Below the image, there are sections for 'Eligibility information', 'Benefacts', and 'Fee guides', each with a list of links.

Tip

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.

Contact us

For more information about how to access the dental services provider website, please contact Alberta Blue Cross Dental Services by phone or mail.

780-498-8977 (Edmonton and area),

403-294-4042 (Calgary and area),

1-800-567-8104 (toll free)

Dental Provider Services

Alberta Blue Cross

10009 108 Street NW

Edmonton, Alberta T5J 3C5

Our regular office hours are Monday to Friday,
8 a.m. to 4:30 p.m. Mountain Time.

ab.bluecross.ca/providers/provider-dental-home.php

