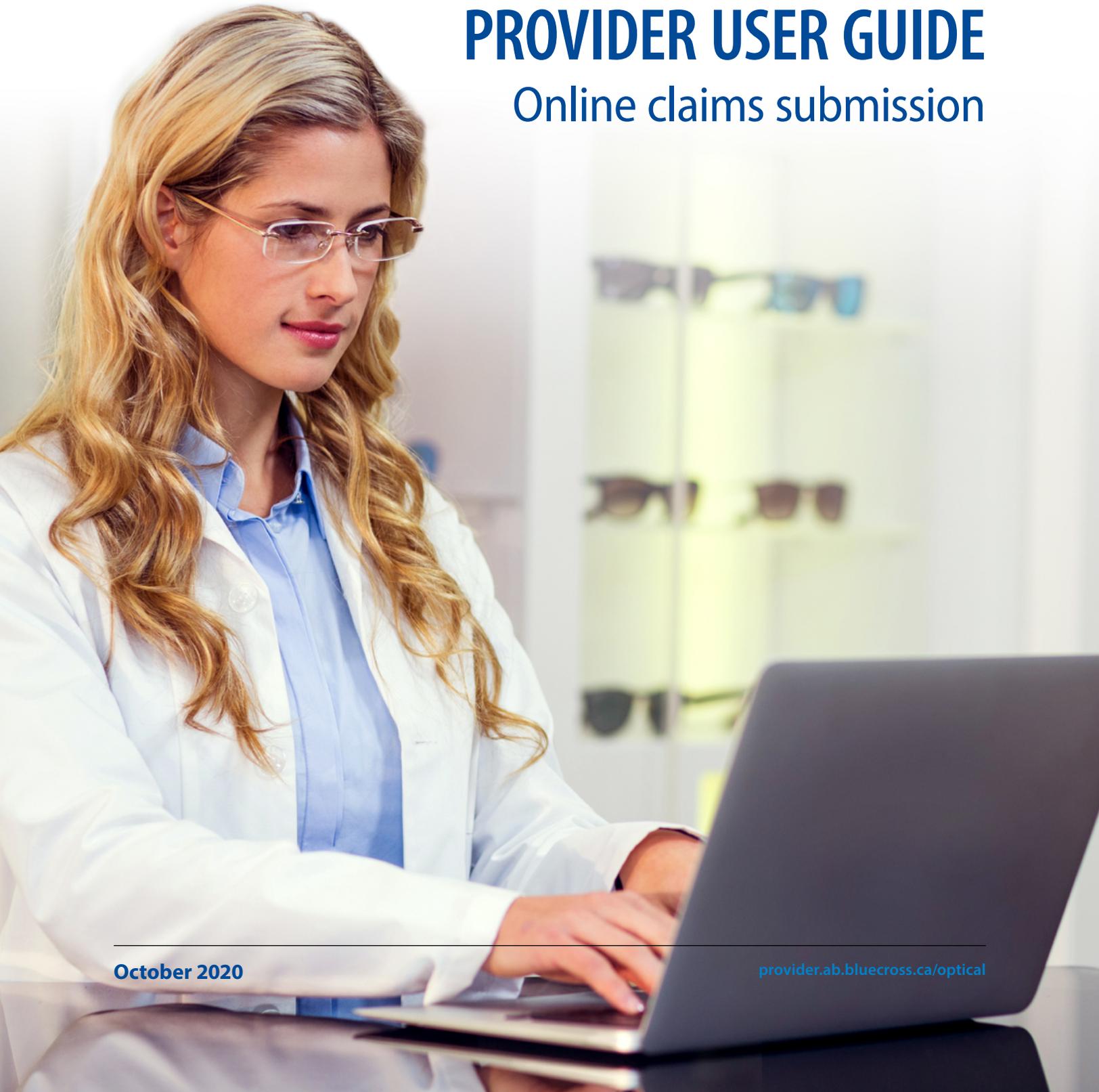




OPTICAL SERVICES PROVIDER USER GUIDE

Online claims submission



October 2020

provider.ab.bluecross.ca/optical

OPTICAL SERVICES PROVIDER USER GUIDE— ONLINE CLAIMS SUBMISSION

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

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

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

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

Registering for site access

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

Please mail or fax your completed forms to

Health Services Provider, Alberta Blue Cross

10009 108 Street,
Edmonton, Alberta T5J 3C5
Fax: 780-498-3544

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

Getting started online

Please refer to the information in the emails Alberta Blue Cross sends you when your initial registration is approved. These emails will contain your login ID and temporary password. Navigate to the Optical Provider Online Services site at provider.ab.bluecross.ca/optical and enter the login ID and password.

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!

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

Alberta Blue Cross has designed separate processes for entering claims for

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

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

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

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



Help

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

EASY STEPS TO SUBMIT AND PROCESS A CLAIM FOR GROUP AND INDIVIDUAL PLAN MEMBERS, OR OPTICAL ASSISTANCE FOR SENIORS PROGRAM

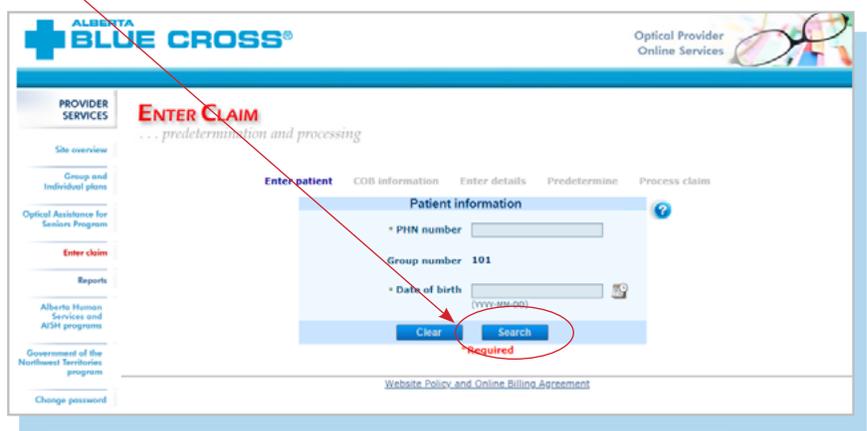
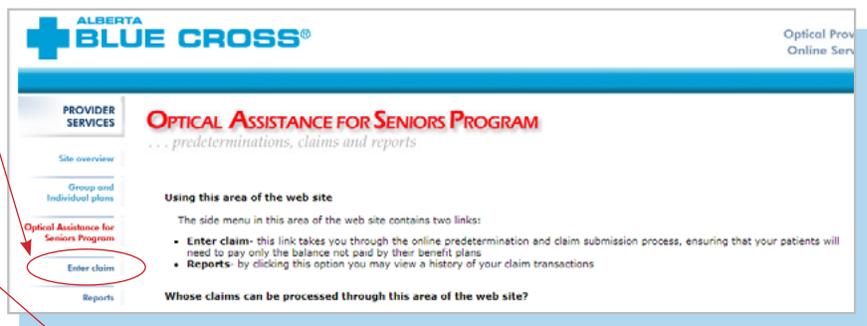
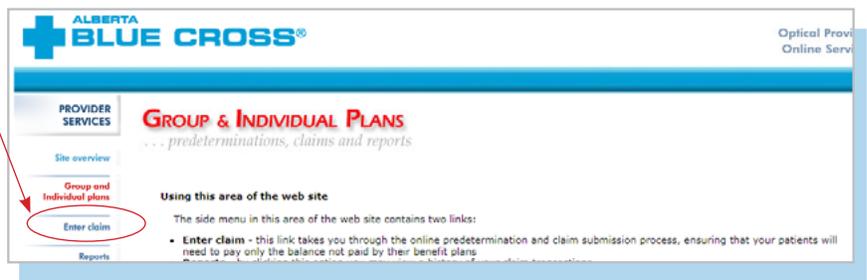
1. Select the appropriate group

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

2. Enter the patient's information

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

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



This step applies only to OASP claims

3. Cataract surgery documentation

Confirm if the member has had a prescription change due to cataract surgery.

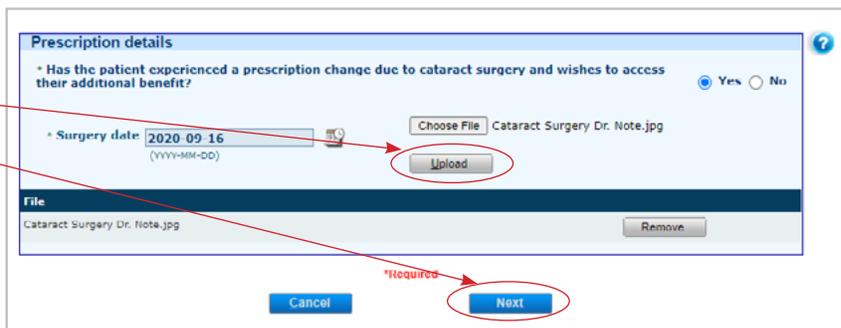
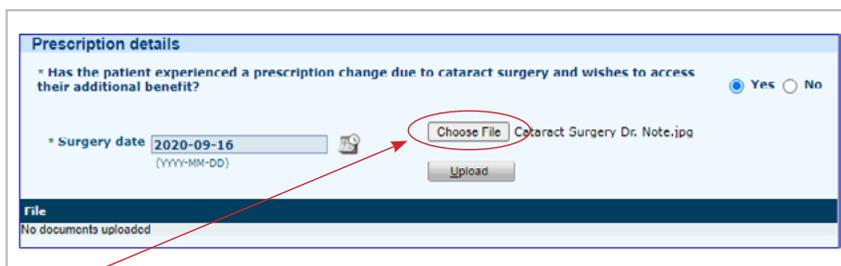
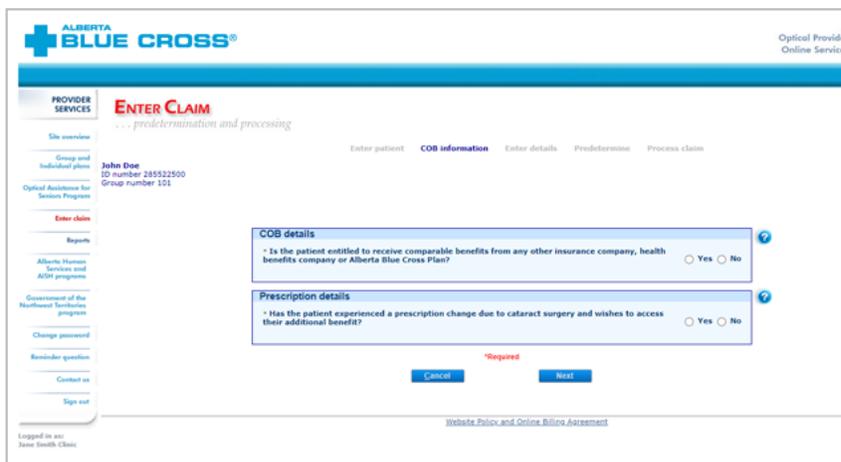
Ensure the surgery date entered matches the date of surgery listed on the correspondence.

3a. Verify whether the 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.

3b. Verify whether the patient has Coordination of Benefits

Confirm if the member has had a prescription change due to cataract surgery. Ensure the surgery date entered matches the date of surgery listed on the correspondence. Click "Choose File" and select the appropriate document. Once the document has been selected, click the "Upload" button. Click "Next" to proceed with claim entry.



Note

In order to receive this additional benefit, the member must provide documentation from an ophthalmologist or optometrist confirming that they have undergone cataract surgery. This document must be current, meaning it has not been previously used and it is within the current benefit period. Correspondence other than a letter, such as a lens implant identification card, can be accepted as confirmation of surgery, as long as it contains the following:

- The patient's name*
- Date of the surgery*
- Surgeon's or ophthalmologist's name*

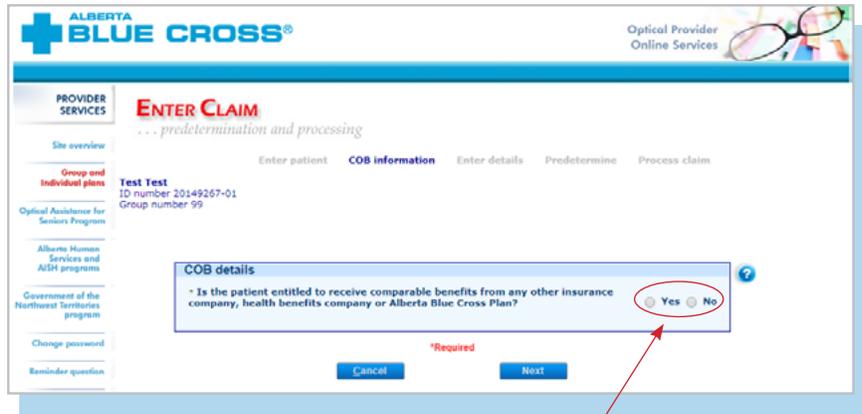
The remaining steps apply for both claim types.

4. Verify whether the 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 below.

If "Yes": continue to page 7.



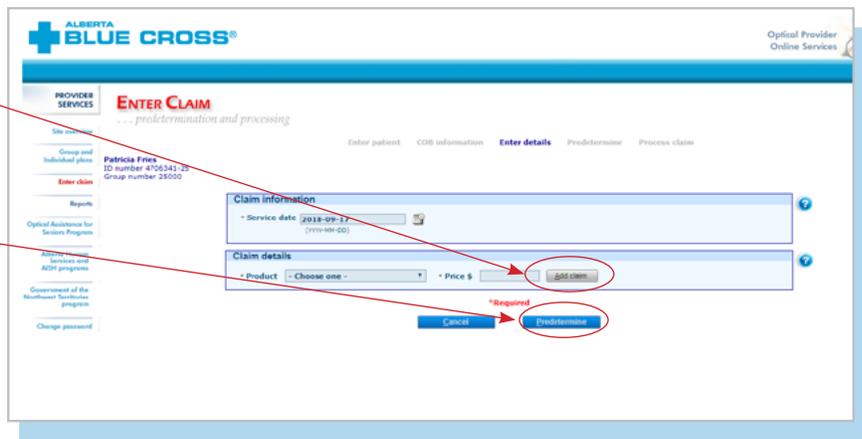
If "Yes", and the patient has active coverage with another benefit carrier, continue to the COB section on page 7.

5. Enter details

Select a product, enter a price then click "Add claim." Repeat these steps for each product being considered.

When you are satisfied with the details you have entered, click the "Predetermine" button.

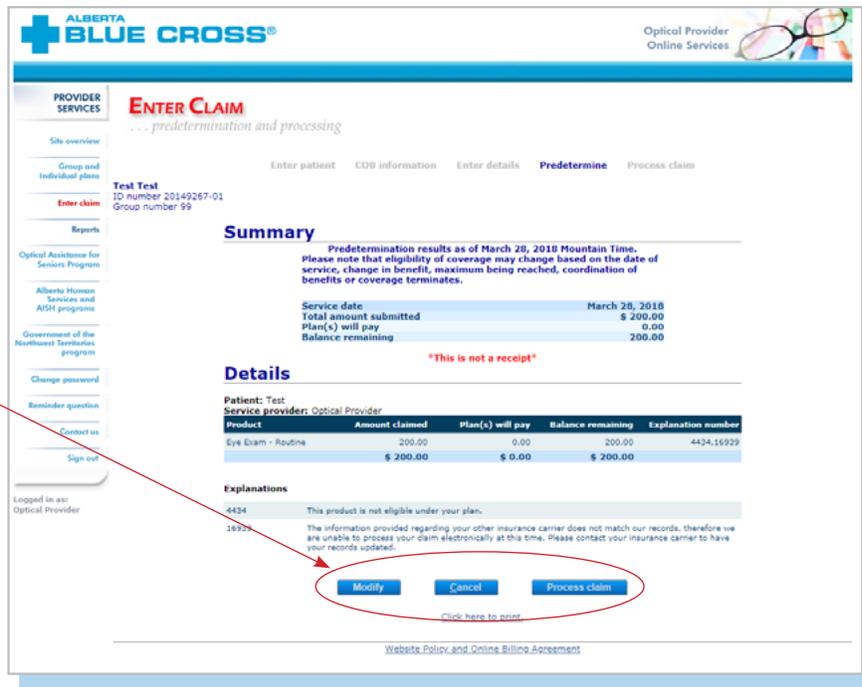
Please refer to article 4.4 in your Online Services Billing Agreement for more information regarding the service date.



Note
There may be some circumstances when a claim cannot be processed electronically.
You will receive a notification on this screen and these claims will have to be submitted manually by the patient to Alberta Blue Cross.

6. 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.



7. 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.

8. Print summary

You must provide the patient with a printed copy of the claim statement.

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

ALBERTA BLUE CROSS Optical Provider Online Services

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

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

Logged in as: Optical Provider

Date: March 28, 2018
Document number: 85093485

We're here to help!
 Edmonton and area (780) 498-0000
 Calgary and area (403) 234-9666
 Toll free 1-800-661-6995
 8 a.m. - 5 p.m. MT
 www.ab.bluecross.ca

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

Vision claim summary

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

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

Patient: Test
Service provider: Optical Provider

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

***Explanations**

4434 This product is not eligible under your plan.

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

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

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

Please retain for your records

EASY STEPS FOR ONLINE SUBMISSION WITH COORDINATION OF BENEFITS BETWEEN ALBERTA BLUE CROSS AND ANOTHER BENEFIT CARRIER

1. Enter details

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

The screenshot shows the 'ENTER CLAIM' page for 'Test Test' (ID number 20149267-01, Group number 99). The 'COB information' tab is active. A question is displayed: 'Is the patient entitled to receive comparable benefits from any other insurance company, health benefits company or Alberta Blue Cross Plan?' with radio buttons for 'Yes' and 'No'. The 'Yes' button is circled in red. A red arrow points from the text in the first step to this question.

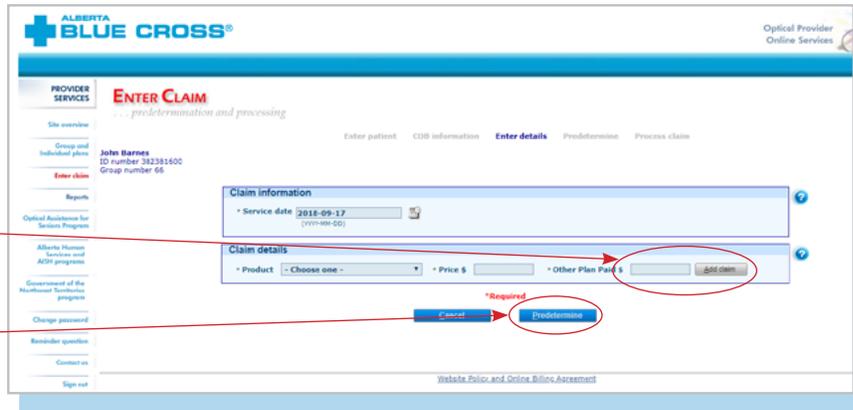
The screenshot shows the same 'ENTER CLAIM' page, but with a second question: 'If the claim was submitted through another benefit carrier or provincial plan, would you like to submit the remaining amount to this plan?' with radio buttons for 'Yes' and 'No'. The 'Yes' button is circled in red. Below the question, there is a '*Required' label and a 'Next' button, which is also circled in red. A red arrow points from the text in the first step to this question.

The screenshot shows the 'ENTER CLAIM' page for 'John Barnes' (ID number 202281800, Group number 66). The 'Enter details' tab is active. The 'Claim information' section shows 'Service date' as 2018-09-17. The 'Claim details' section has a dropdown for 'Product' set to 'Choose one', and fields for 'Price \$' and 'Other Plan Paid \$'. There is an 'Add claim' button. Below these fields, there is a '*Required' label and 'Cancel' and 'Pretetermine' buttons. At the bottom, there is a 'Website Policy and Online Billing Agreement' link and a copyright notice for 2018ABC Benefits Corporation.

2. Enter the amount paid

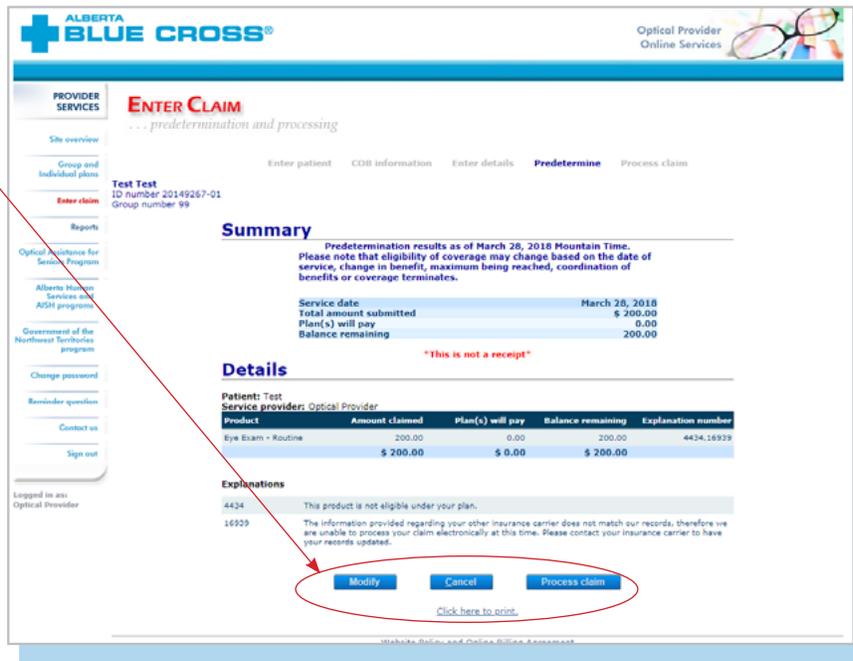
Enter the amount paid by the other benefit carrier for each claim line. If payments have been made by two or more other benefit carriers, combine the amount paid and enter one total for each claim line and click "Add claim."

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



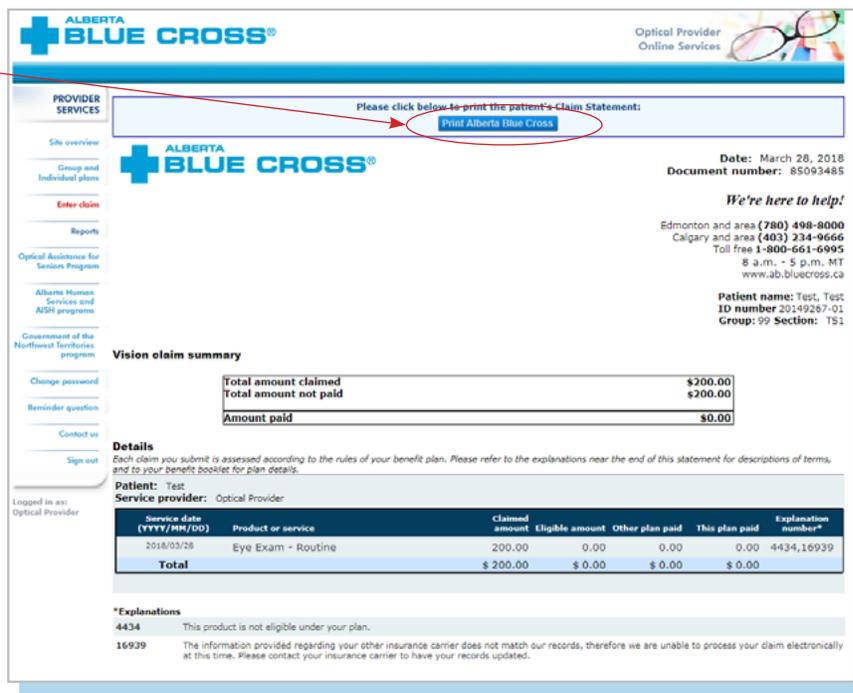
3. Process claim

You will receive a confirmation from Alberta Blue Cross within seconds of your submission.



4. Print summary

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



EASY STEPS TO ACCESS REPORTS FOR GROUP AND INDIVIDUAL PLAN MEMBERS, OR OPTICAL ASSISTANCE FOR SENIORS PROGRAM

1. Reports

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

Outstanding payment report

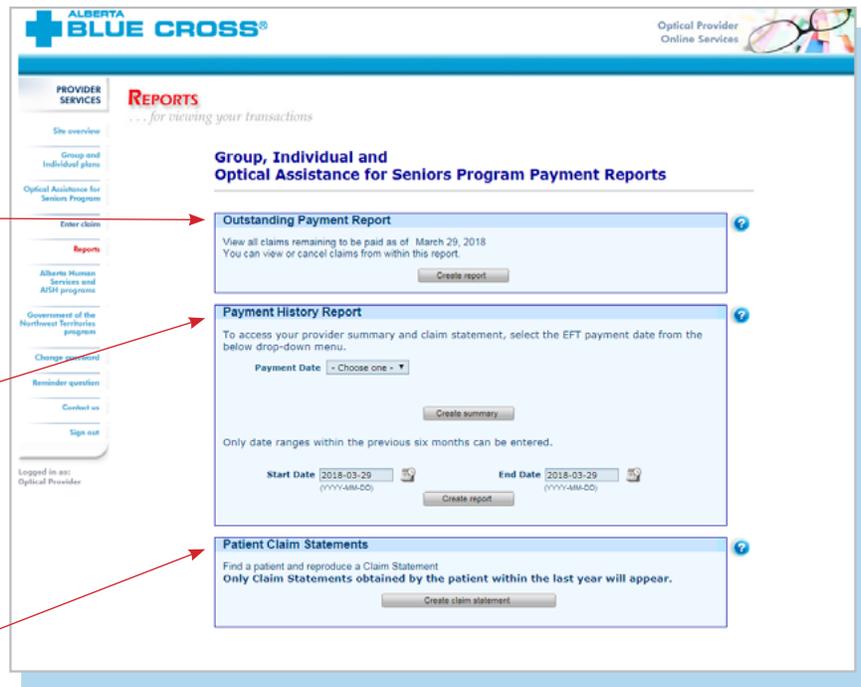
The outstanding payment report lists all transactions that are remaining to be paid and allows you to cancel a claim.

Payment history report

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

Patient claim statements

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



Note

Sort: This is currently available for outstanding payment Report, you can sort the column by clicking on the double-headed arrow, located beside the column title.



Service date (YYYY/MM/DD)	Patient	Product
2018/03/29	Shelley, Kenneth	Family
2018/03/29	Kim, Gail	Family
2018/03/29	Kenneth, Kenneth	Family
2018/03/29	Kenneth, Kenneth	Family
2018/03/29	Shelley, Kenneth	Family
2018/03/29	Shelley, Kenneth	Family



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

2. Outstanding payment report

The outstanding payment report lists all transactions that are remaining to be paid. Once the transactions have been paid, they will be removed from this report and appear on the payment history report.

Outstanding Payment Report

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

[Create report](#)

ALBERTA BLUE CROSS

PROVIDER SERVICES

REPORTS
... for viewing your transactions

Site overview
 Group and Individual plans
 Enter claim
 Reports

Optical Provider
 10009 - 108 St NW
 Edmonton, AB
 T5J3C5

Details

Service date (YYYY/MM/DD)	Patient	Product or service
2017/12/14	Worthing, Kenneth	Frames Repairs & Adjustments
2017/12/14	Wan, Scott	Prescription Glasses
2017/12/14	Ward, Steve	Prescription Glasses
2017/12/14	Werner, Charles	Single Vision (Standard Contact)
2017/12/14	White, Lyle	Eye Exam - Routine

3. Payment history reports

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

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

Payment History Report

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

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

[Create summary](#)

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

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

[Create report](#)

ALBERTA BLUE CROSS

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

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

Service date	Patient	Product or service	Amount claimed	Alberta Blue Cross paid	Prescription No.
2017/12/14	Worthing, Kenneth	Lens	10.00	0.00	85093479
2017/12/14	Worthing, Kenneth	Frames & case	110.00	0.00	85093479
2017/12/14	Worthing, Kenneth	Lens	10.00	0.00	85093479
2017/12/14	Ward, Steve	Single Vision Single	75.00	00.00	85093479
2017/12/14	Ward, Steve	Lens	75.00	00.00	85093479
2017/12/14	Ward, Steve	Frames & case	200.00	75.00	85093479
2017/12/14	Ward, Steve	Glass hardening	75.00	75.00	85093479
2017/12/14	Ward, Steve	Glass hardening	75.00	75.00	85093479
2018/03/28	Test, Test	Frames Repairs & Adjustments	5.00	0.00	85093479
2018/03/28	Test, Test	Eye Exam - Routine	200.00	0.00	85093485

[Click here to print](#)

[Website Policy and Online Billing Agreement](#)

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3a. Provider statement and 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.



John Doe
123 ANYWHERE STREET
BLUEVILLE AB L1L 1L1

PROVIDER SUMMARY

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

Health claim summary

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

Details

Document number	ID number	Patient name	Amount claimed	Amount paid
85085341	294886200	Jane Doe	925.00	0.00
85085343	508242800	Sam Doe	350.00	115.00
85085346	262290420	Mary Doe	500.00	230.00
Totals		Number of claims: 3	\$1,775.00	\$345.00



John Doe
123 ANYWHERE STREET
BLUEVILLE AB L1L 1L1

PROVIDER SUMMARY

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

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

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

***Explanations**
See the numbered explanations below for details of how your claims were assessed. More than one numbered explanation may apply to a claim line.

33226 The maximum amount allowed for this service has been reached for this benefit period. You may be eligible for an additional benefit if new glasses/lenses are needed as a result of cataract surgery.

Patient name: Sam Doe
ID number: 508242800 **Group:** 101 **Section:** AF-6 *Document ID: 85085343*

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

***Explanations**
See the numbered explanations below for details of how your claims were assessed. More than one numbered explanation may apply to a claim line.

307 Payment has been reduced as the maximum amount payable for the benefit or benefit period has been reached. Any remaining portion is not eligible for reimbursement on this plan.

33226 The maximum amount allowed for this service has been reached for this benefit period. You may be eligible for an additional benefit if new glasses/lenses are needed as a result of cataract surgery.

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

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

***Explanations**
See the numbered explanations below for details of how your claims were assessed. More than one numbered explanation may apply to a claim line.

307 Payment has been reduced as the maximum amount payable for the benefit or benefit period has been reached. Any remaining portion is not eligible for reimbursement on this plan.

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3b. Payment history report

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

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

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

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

ALBERTA BLUE CROSS

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

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

Service date	Patient	Product or service	Amount claimed	Alberta Blue Cross paid	Prescription No.
2018/03/28	Matheson, Malcolm	Lenses	12.00	0.00	86093485
2018/03/28	Matheson, Malcolm	Frames & case	12.00	0.00	86093485
2018/03/28	Matheson, Malcolm	Lenses	11.00	0.00	86093485
2018/03/28	Stuhler, Sudhakar Singh	Lenses	75.00	61.00	86093485
2018/03/28	Stuhler, Sudhakar Singh	Lenses	75.00	61.00	86093485
2018/03/28	Stuhler, Sudhakar Singh	Frames & case	120.00	74.00	86093485
2018/03/28	Stuhler, Sudhakar Singh	Glasses handling	75.00	71.00	86093485
2018/03/28	Stuhler, Sudhakar Singh	Glasses handling	75.00	71.00	86093485
2018/03/28	Test, Test	Frames Repairs & Adjustments	5.00	0.00	86093479
2018/03/28	Test, Test	Eye Exam - Routine	200.00	0.00	86093485

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[Website Policy and Online Billing Agreement](#)

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EASY STEPS TO CANCEL A CLAIM FOR GROUP AND INDIVIDUAL PLAN MEMBERS, OR OPTICAL ASSISTANCE FOR SENIORS PROGRAM

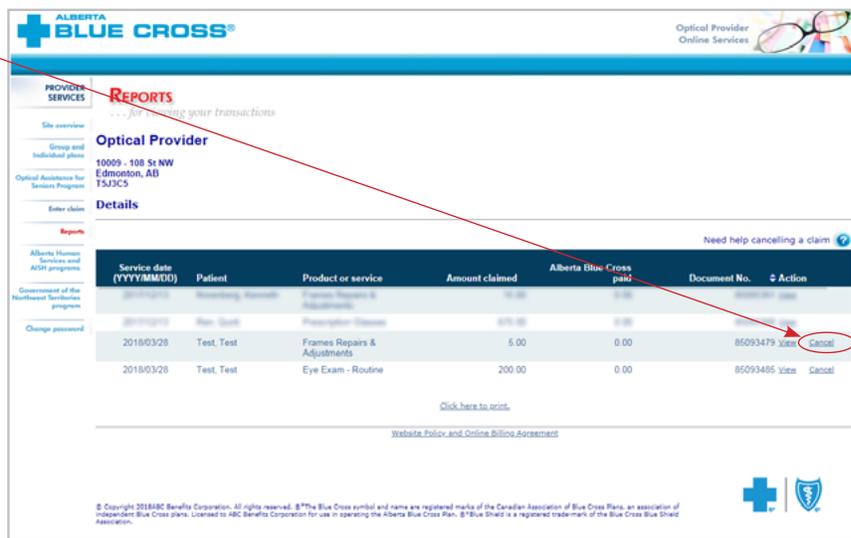
1. Report

Create an outstanding payment report.



2. Cancel

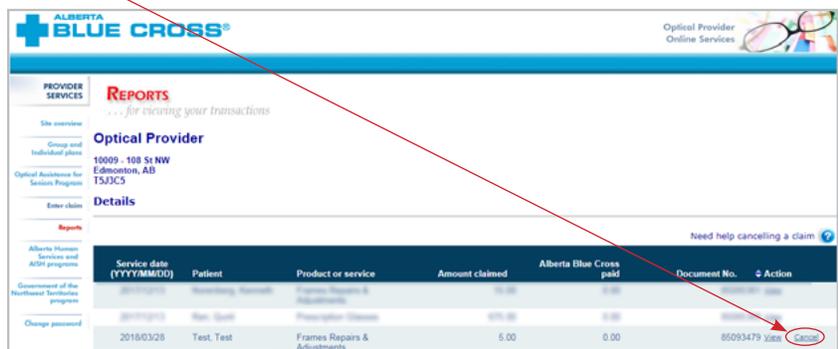
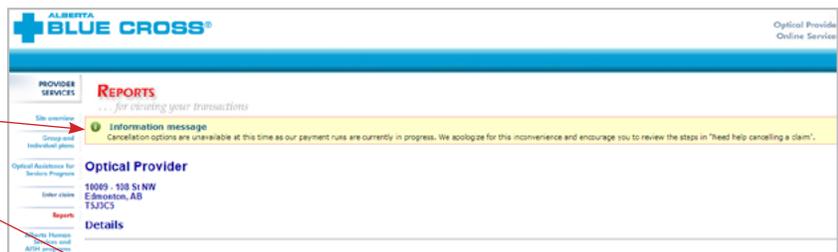
To cancel a claim, click the hyperlink.



Note

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

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.

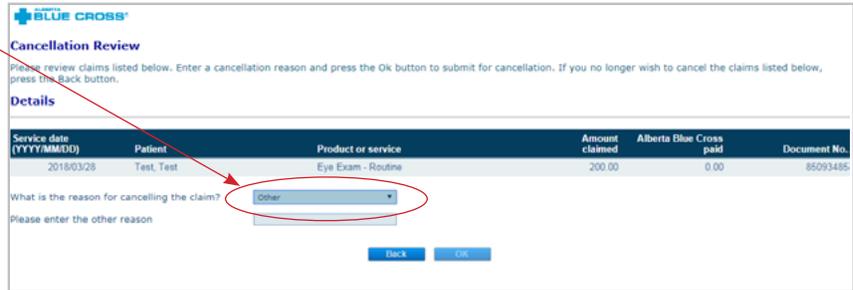
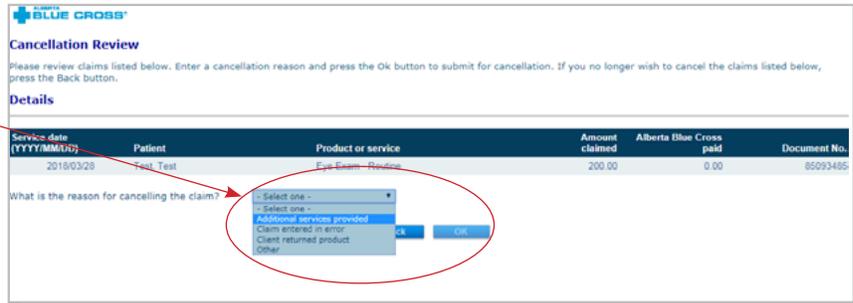


3. Cancellation review

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

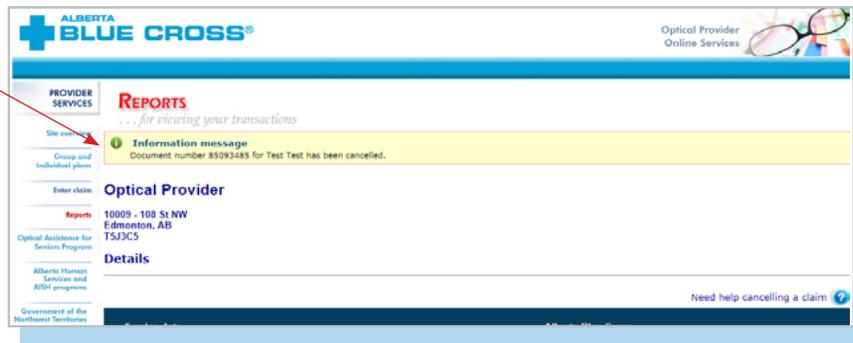
When cancelling a claim, all claims associated with the document number must be cancelled.

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



4. Cancellation

Once a claim has successfully been cancelled, red text appears at the top of the screen as confirmation.



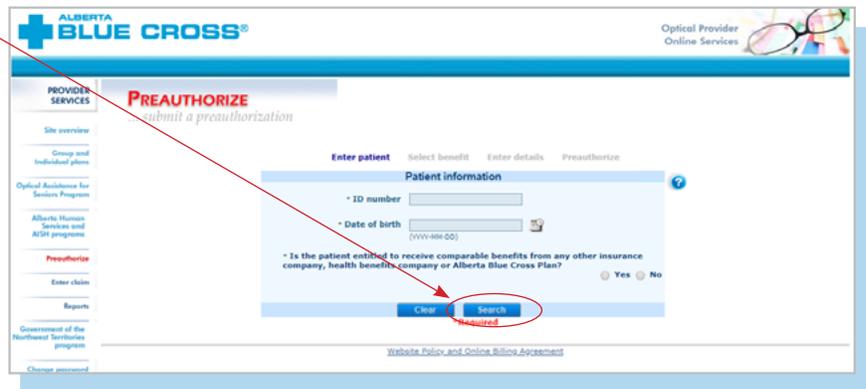
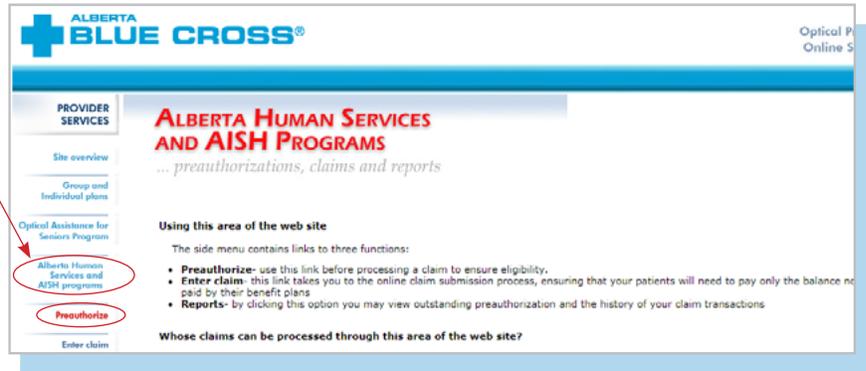
EASY STEPS TO SUBMIT AND PROCESS A CLAIM FOR ALBERTA HUMAN SERVICES

Preauthorizing benefits

1. Enter the patient's information

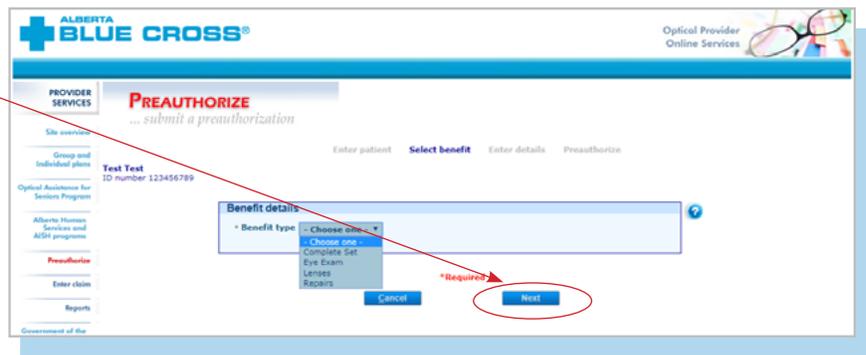
Choose "Alberta Human Services and AISH programs" in the sidebar on the left. Navigate to the "Preauthorize" menu option and enter the patient's ID number and date of birth exactly as it appears on their ID card.

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



2. Select benefit

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

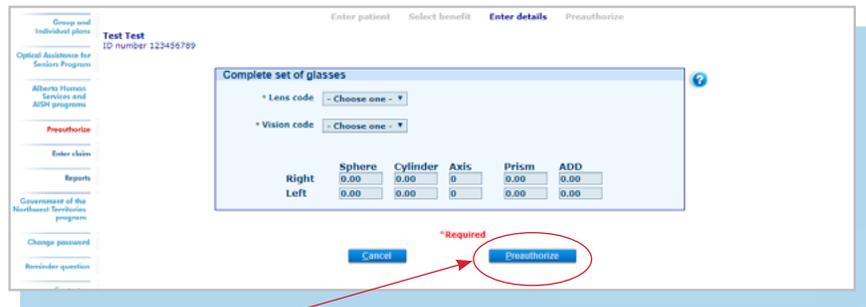


3. Enter details

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

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

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

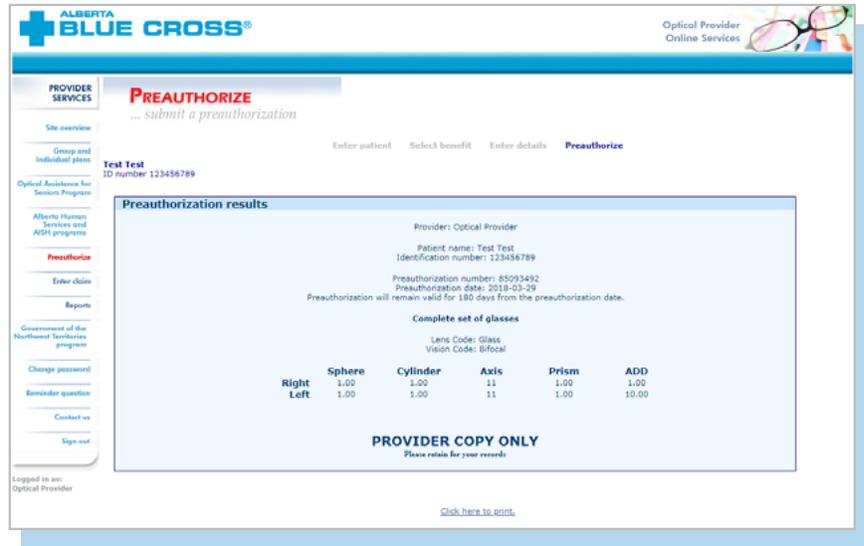


4. Preauthorize

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

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

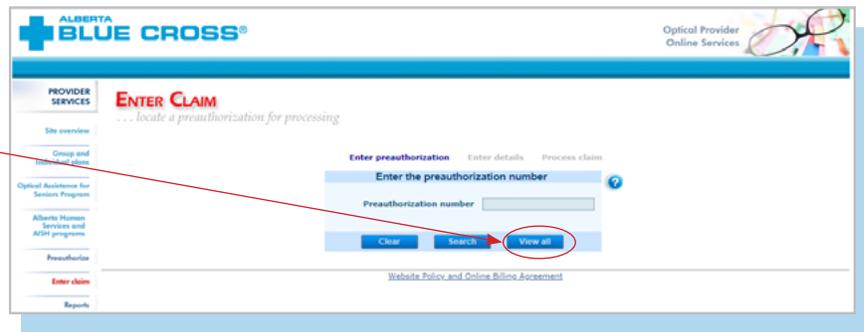
Note
Preauthorizations are valid for 180 days.



Entering claims

1. Preauthorization number

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

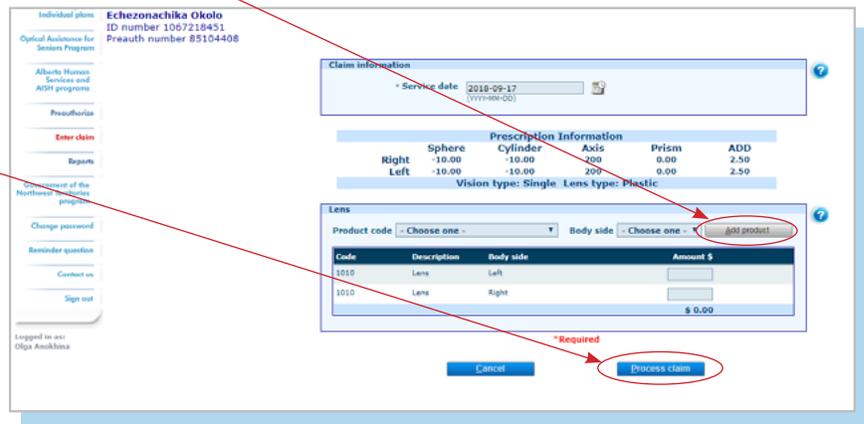
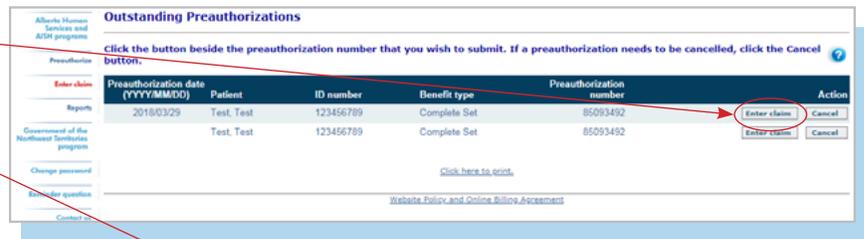


2. Enter details

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

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

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



3. Process claim

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

4. View claim statement

You will receive confirmation of your submission. You may save a copy for your records.

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

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

PROVIDER COPY ONLY
Please retain for your records.

EASY STEPS TO ACCESS REPORTS FOR ALBERTA HUMAN SERVICES

1. Reports

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

Outstanding preauthorization report

The outstanding preauthorization report lists all outstanding preauthorizations submitted by your office.

Outstanding payment report

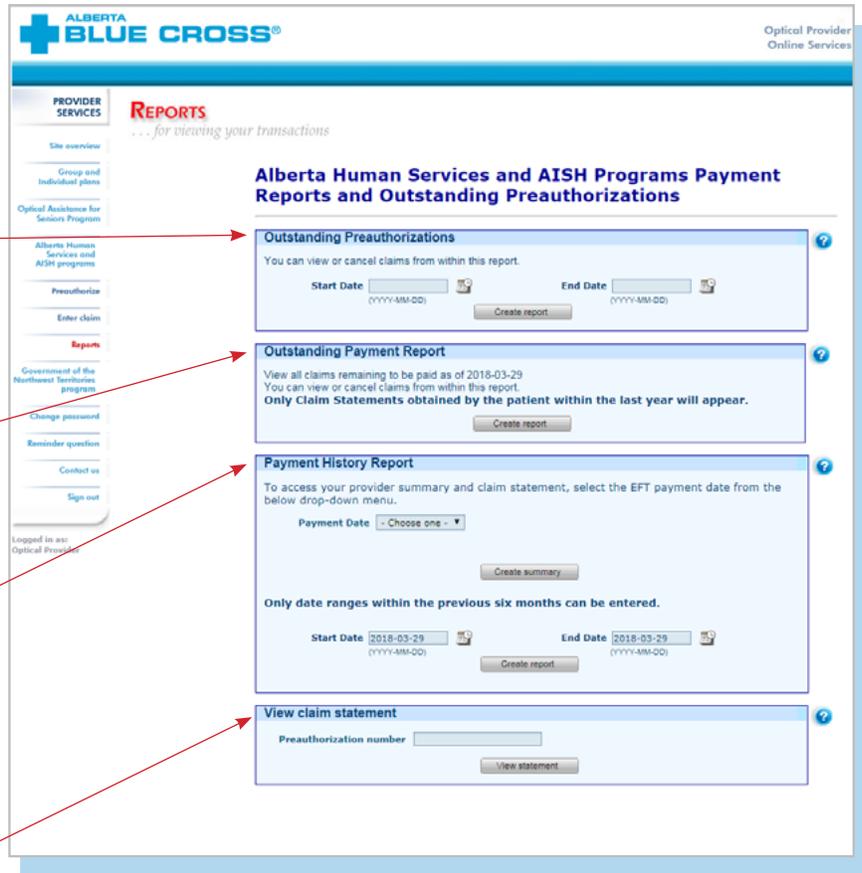
The outstanding payment report lists all transactions that are remaining to be paid and allows you to cancel a claim.

Payment history report

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

Patient claim statements

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



Note

Sort: This is currently available for outstanding payment report, you can sort the column by clicking on the double-headed arrow, located beside the column title.



Service date (YYYY/MM/DD)	Patient	Product
2018-03-29	XXXXXXXXXX	XXXXXX



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

2. Outstanding payment report

The outstanding payment report lists all transactions that are remaining to be paid. Once the transactions have been paid, they will be removed from this report and appear on the payment history report.

Outstanding Payment Report ?

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

ALBERTA BLUE CROSS

PROVIDER SERVICES

REPORTS
... for viewing your transactions

Site overview
 Group and Individual plans
 Enter claim
Reports

Optical Provider
 10009 - 108 St NW
 Edmonton, AB
 T5J3C5

Details

Service date (YYYY/MM/DD)	Patient	Product or service
2018/03/29	Wendy, Wendy	Frame Repair & Replacement
2018/03/29	Ben, Ben	Prescription Glasses
2018/03/29	David, David	Prescription Glasses
2018/03/29	Benjamin, Benjamin	Single Vision (Standard Distance)
2018/03/29	Wade, Wade	Eye Exam - Routine

3. Payment history reports

Claims statements are available to view and print for one year.
Payment history is available for claims submitted in the last six months.

Payment History Report ?

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

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

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

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

3a. Provider statement and summary

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

ALBERTA BLUE CROSS

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

Statement date: March 29, 2018

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

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

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

PROVIDER COPY ONLY
 Please retain for your records.

3b. Payment history report

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

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

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

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

Create report

ALBERTA BLUE CROSS

Optical Provider
10509 - 108 St NW
Edmonton, AB, T5J3C5

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

Service date	Patient	Product or service	Amount claimed	Alberta Blue Cross paid	Preauthorization No.
2018/03/28	Wahneem, Mahan	Lens	55.00	5.00	85093479
2018/03/28	Wahneem, Mahan	Frames & case	52.00	0.00	85093485
2018/03/28	Wahneem, Mahan	Lens	55.00	5.00	85093479
2018/03/28	Sabatko, Sushiloo Singh	Lens	75.00	61.00	85093486
2018/03/28	Sabatko, Sushiloo Singh	Lens	75.00	61.00	85093486
2018/03/28	Sabatko, Sushiloo Singh	Frames & case	120.00	74.00	85093486
2018/03/28	Sabatko, Sushiloo Singh	Glass hardening	75.00	71.00	85093486
2018/03/28	Sabatko, Sushiloo Singh	Glass hardening	75.00	71.00	85093486
2018/03/28	Test, Test	Frames, Repairs & Adjustments	5.00	0.00	85093479
2018/03/28	Test, Test	Eye Exam - Routine	200.00	0.00	85093485

[Click here to print.](#)

[Website Policy and Online Billing Agreement](#)

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EASY STEPS TO CANCEL A CLAIM FOR ALBERTA HUMAN SERVICES

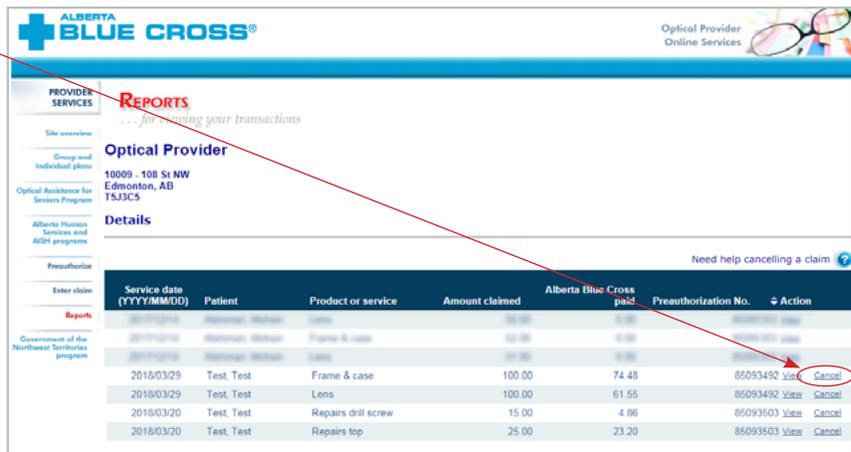
1. Report

Create an outstanding payment report.



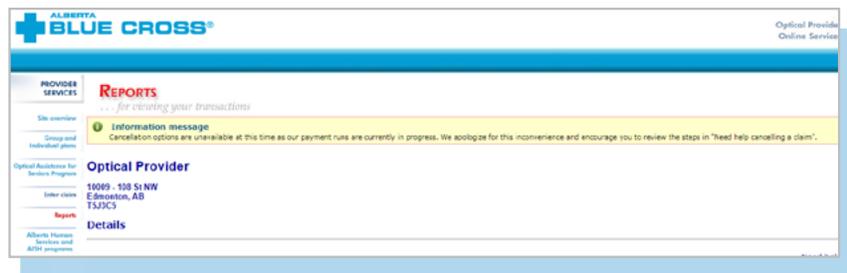
2. Cancel

To cancel a claim, click the hyperlink.



Note

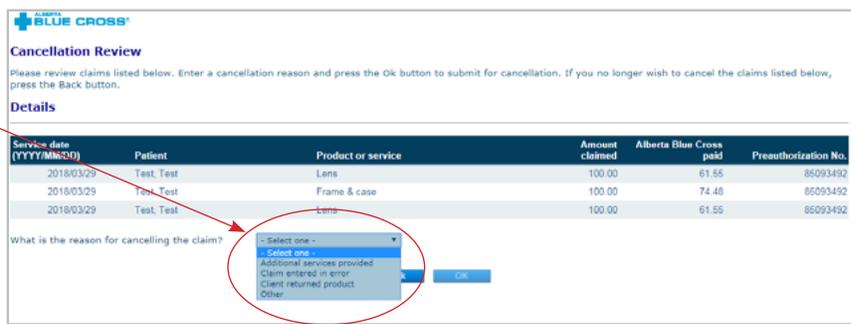
If the cancellation hyperlink is inactive, either the payment run is in progress or the document has exceeded the cancellation timeframe and the claim cannot be cancelled online. Please refer to the help icon for further instructions about how to cancel your claim.



3. Cancellation review

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

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



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

ALBERTA BLUE CROSS

Cancellation Review

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

Details

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

What is the reason for cancelling the claim? **Other**

Please enter the other reason

[Back](#) [Ok](#)

4. Cancellation

Once a claim has successfully been cancelled, red text appears at the top of the screen as confirmation.

Note

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

ALBERTA BLUE CROSS

Optical Provider Online Services

PROVIDER SERVICES

REPORTS

... for viewing your transactions

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

Optical Provider
10009 - 108 St NW
Edmonton, AB
T5J3C5

Details

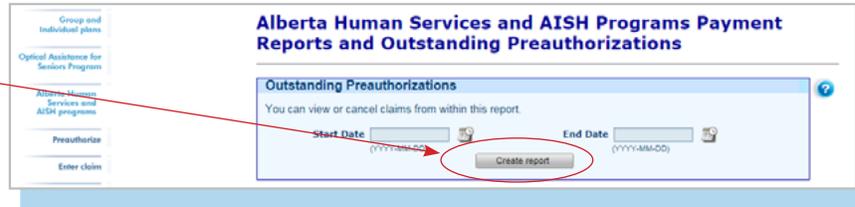
Need help cancelling a claim?

Service date (YYYY/MM/DD)	Patient	Product or service	Amount claimed	Alberta Blue Cross paid	Preauthorization No.	Action
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EASY STEPS TO CANCEL A PREAUTHORIZATION FOR ALBERTA HUMAN SERVICES

1. Report

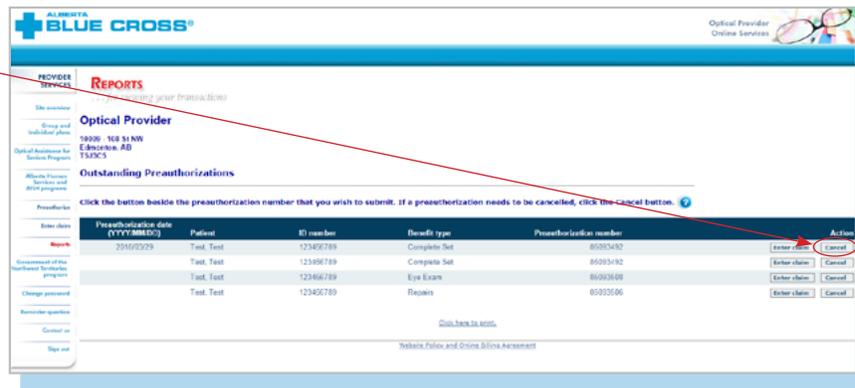
Create an outstanding preauthorization payment report by entering the date range.



2. Cancel

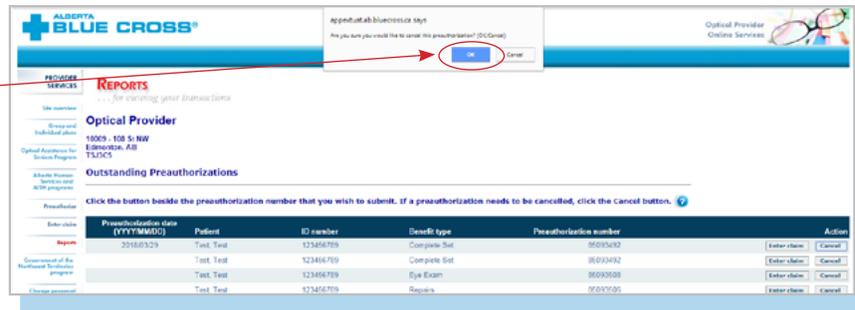
Select the preauthorization number and click "Cancel."

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



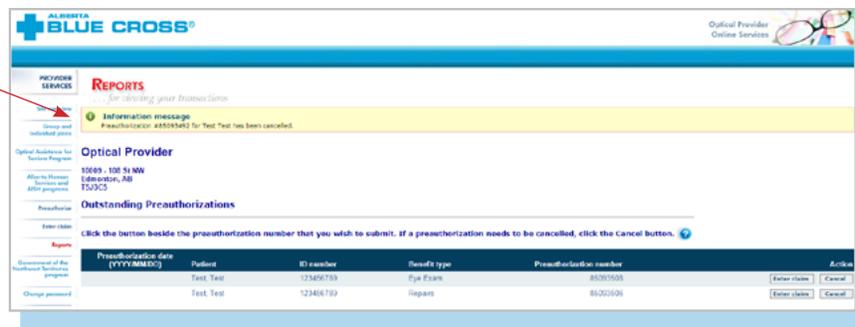
3. Confirm

You will be asked to confirm that you want to cancel the preauthorization.



4. Cancellation

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



TECHNICAL INFORMATION

Using the Health Services Provider 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 website successfully.

We're serious about privacy and security

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

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

CONTACT US

For more information about access to the Health Services Provider 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.

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.

