

# PHYSIOTHERAPY PROVIDER USER GUIDE Online claims submission

January 2023

provider.ab.bluecross.ca/health

## 

Alberta Blue Cross<sup>®</sup> is pleased to offer online claims submission for health services providers. This convenient service is delivered through an easy-to-use secure website and is available at no cost to health services providerss across Alberta.

Online submission provides the convenience of direct billing for eligible services for your customers with coverage through Alberta Blue Cross group plans, individual plans and those with coverage through ASEBP. You are assured of prompt payment directly from Alberta Blue Cross, while retaining existing customers and gaining a competitive advantage over providers who may choose not to submit claims online.

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

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

### **Registering for site access**

To register for online claims submission, you must complete the Request for Secure Web Site Access web. Details about completing this form can be accessed at **ab.bluecross.ca**.

The Provider Agreements and Administration 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 **Online Health Provider site** and enter the login ID and password.

You will be asked to agree to the Web Site Policy and Online Billing Agreement, update your banking information, 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 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.

A video tutorial of the Online Health Portal is available on our public website at **ab.bluecross.ca**.

#### 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 UPDATE BANKING INFORMATION**

#### 1. Banking information notification

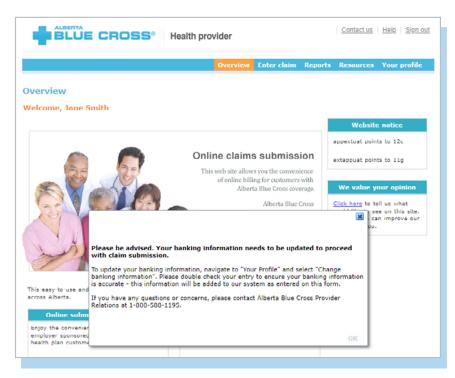
When you login to the Online Health Portal (OHP) for the first time, you will be prompted to enter your banking information before proceeding to claim submission.

#### Note

Please confirm your bank account details with your banking institution before moving onto the next step.

#### 2. Update banking information

Enter the transit, institution, and account number as confirmed by your banking institution. Verify this information and enter these numbers again to ensure payment is made to the correct account.



# Contact us Hele Sign and Contact us

#### 3. Banking information confirmation

Once the banking information is saved you will be shown a prompt that confirms your banking information has been successfully update. You will also receive an email confirming the changes to your account.

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				Overview	Enter claim	Reports	Resources	Your profile
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## **EASY STEPS TO SUBMIT AND PROCESS A CLAIM**

#### 1. Enter the patient's information

Navigate to the "Enter claim" menu option and enter the patient's ID number and group number exactly as they appear on their Alberta Blue Cross or ASEBP ID card. Then ask the patient for their date of birth, enter the date and click the "Search" button.

#### Note

If you're submitting a claim for a returning patient, you can enter their last and first name to populate the ID number, group number and date of birth fields.

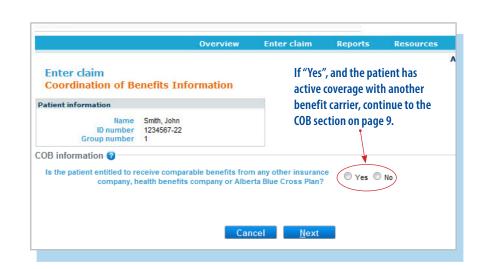
## 2. Verify whether the patient has Coordination of Benefits

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 8.

			Your profile
			Care Chiropraction
Enter claim			
Enter patient 🕜			
Enter a returning patient	Enter a ne	ew patient	
Note: patients who have not had a claim submitted in last six months will have to be entered as a new pati			
		ID number	
Enter patient name Last name, First name	Gr	oup number	



#### 3. Provider type

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

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

		Overview	Enter claim	Reports	Resources	Your profile
						ABC Health Clinic
Enter claim						
Provider of service						
Patient information						
Name ID nomber Group number	Smith, John 1 14200					

#### 4. Enter details

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

#### Note

There may be some circumstances when a claim cannot be processed electronically.

You will receive a notification on this screen and these claims will have to be submitted manually by the patient to Alberta Blue Cross.

BLU	È CROS	S <sup>®</sup> Health	n provider		Contact us	Help Sign o
		Overview	Enter claim	Reports	Resources	Your profile
Enter claim Enter detail				ABC He	ealth Clinic	
Patient informatio						
Name ID number Group number	Smith, John 1234567-22 1					
Claim type 🕜 —						
	Prov	der of service	Massage Therapist			
Claim details 🕜						
	Service date (	YYYY-MM-DD)				
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**4a.** To add a practitioner to the system, click "Add practitioner". A new window will pop up, asking for practitioner information. Enter the details as required and click "OK". The system will validate the practitioner in real time.

#### Note

Before adding a practitioner to your drop down menu, you must first submit the <u>Request to add</u> <u>a practitioner to your account</u> for online direct billing.

Add your practitioner	Ross
Please fill in the required fields to a	dd a provider
General Information	
First name	
*Last name	Include last name only
*Association/College number	
*Required fields	
	Cancel OK

#### Note

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

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

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

Error	a bornete berrich sin mene is the
The provider was not valid on the date the serv (780)-498-8083 (Edmonton & areas), toll-free in	ice was provided. Please contact an Alberta Blue Cross representative 1 other areas of Canada 1-800-588-1195
Patient information	
Name Smth, John ID number 1234567-22 Group number 1	
Claim type 💡	
Provider of service	Chiroprector
	Children
Claim details 🕜	
Service date (YYYY-MM-DD)	
Service Total cost (\$)	
Practitioner	Practitioner Arid Practitioner
	Prectitioner
	Add claim
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**4b.** Once the added practitioner is validated, you will be taken back to the *"Enter details"* screen. The added provider will now be selectable using the drop-down menu. Enter the claim details as required and click *"Add claim"*. If you have more claims to enter, continue entering them and verify details as they appear in the claim details table. Once complete, click *"Predetermine"*.

BLU	ĴE CROSS <sup>®</sup> He	alth provider		Contact us	Help Sign
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Patient informatio	'n				
Name ID number Group number	Smith, John 1234567-22 1				
Claim details 🕢	Service date (YYYY-MM-DD) Service Total cost (5) Practitioner	2016-02-04 Massage Therapy V 100 Choose one • Practitioner 1 Practitioner 3 Add claim	Add Practiti	oner	
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Service date (YYYY-MM-DD	Service	Total cost (\$	)	Practitioner			
2016-02-04	Massage Therapy	100.00		Jane Doe	Modify	Remove	
		\$100.00					
		Can	cel <u>P</u> rede	ermine			

#### 5. Predetermine

This is a simple inquiry into the patient's benefit plans to determine the coverage available. You can click "Modify" to go back to step 2, "Cancel" to exit without saving or "Process claim" to submit the claim online to Alberta Blue Cross for immediate processing.

#### Contact us | Help | Sign out BLUE CROSS® Health provider Report Your profile ABC Health Clinic Enter claim Predetermine Patient information Smith, John Name ID number 1234567-22 Gr up Summary Predetermination results as of Feb 4, 2016 10:10 AM Mountain Standard Time. Please note that eligibility of coverage may change based on the date of service, change in benefit, maximum being reached, coordination of benefits or coverage terminates. Total amount submitted: \$100.00 Plan(s) will pay: \$0.00 Balance remaining: \$100.00 \*This is not a receipt\*. Your claim has not been submitted. Please click the Modify, Cancel, or Process Claim button at the bottom of this page. Details Show details Modify Cancel Process claim Contact us | Help | Sign out BLUE CROSS<sup>®</sup> Health provider Overview Reports Your profile sources You must provide the patient with a printed copy of this claim statement. Please click below to print. Print Alberta Blue ( ALBERTA Date: February 4, 2016 Document number: 47785055 BLUE CROSS® We're here to help! Edmonton and area (780)498-8000 Calgary and area (403)234-9666 Toll free 1.800 661 6995 8:30 a.m. - 5 p.m. MT www.ab bluecross.ca Patlent name: Smith, John ID number 1234567-22 Group: 1 Section: EXT Group: 1 Health claim summary \$100.00 \$100.00 Total amount claimed Total amount not paid 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 bookiet for plan dotails. Patient: Jane Service provider: ABC Health Clinic Service date (YYYY/MM/DD) Product or service Claimed amount Eligible Other plan paid This plan Explanation Practitioner amount paid numbe 2016/02/04 Massage Therapy Jane Doe 100.00 0.00 0.00 Total \$100.00 \$100.00 \$ 0.00 \$ 0.00 Other Blue Cross coverage Service date (YYYY/MM/DD) Product or service Claimed Eligible Other plan This plan Explanation Practitioner amount paid paid number\* 2016/02/04 Massage Therapy 100.00 100.00 0.00 Jane Doe Total \$ 100.00 \$ 100.00 \$ 0.00 \$ 0.00 \*Explana 16941 We are unable to process this claim electronically. In order to coordinate payment of this claim with the other carrier, we require confirmation of the portion the other carrier would pay

#### 6. Process claim

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

A printable copy of the patient's claim statement is displayed. You must provide the patient with a printed copy of the claim statement.

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

1.	Patient has Coordination of Benefits	BLUE CROSS® Health p	rovider		Contact u	is <u>Help</u> Sign out
	Click "Yes" if a portion of this claim has already been paid by another private benefit carrier (excluding provincial health pan and Alberta Health) and if you would like to submit the remaining amount to this plan.	Overview  Enter claim Coordination of Benefits Information  Mame Smith, John D number 1234567.22 Group number 1  COB information  to the patient entitled to receive comparable benefits from company, health benefits company of Alex If the claim was submitted through another benefit car would you like to submit the remaining	Enter claim n any other insurance rta Bus-Cross Plan? rier or provincial plan amount to this plan?	Ves U		Your profile ABC Health Clinic
	L					

#### 2. Enter the amount paid

Enter the amount paid by the other benefit carrier (excluding provincial health plan and Alberta Health) for each claim line. If payments have been made by two or more other benefit carriers, combine the amount paid and enter one total for each claim line.

#### **Enter details**

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

	Overview	Enter claim	Reports	Resources	Your profile
n			AB	C Health Clinic	
Enter claim Enter detail					
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Name ID number Group number	Smith, John 1234567-22 1				
Claim type 🕜 —					
	Provider of service	Massage Therapist			
Claim details 🕜					
	Service date (YYYY-MM-DD)	2016-02-04			
	Service	Massage Therapy 🗸	I		
	Total cost (\$)	150			
	Other plan paid (\$)	50	0.00		
	Practitioner	Jane Doe	Prace	titioner	
		Practitioner Details			
		Add claim			
		Cancel Pred	etermine		

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

	ROSS®		
Add your practitioner			
Please fill in the required fields t	o add provider		
General information			1
First name		]	
*Last name	test Include last name only	I	
*Association/College number	857	1	
*Required fields			
	Cancel	ОК	

#### Note

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

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

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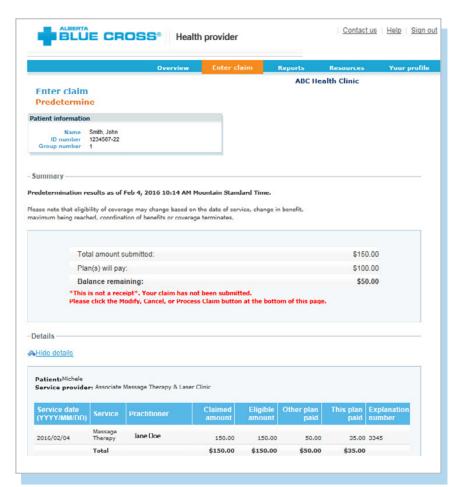
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Name Smith, John	
ID number 1234567-22 Group number 1	
laim type 👔	
Provider of serv	vice Chiropractor
laım details 🕜	
Service date (YYYY-MM-I	DD) 2018-02-02
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Total cost	t (\$) 100
Practition	ner Practitioner 1 Add Practitioner
	Practitioner Details
	Add cl <u>a</u> im
	Cancel Predetermine
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**2b.** Once the added practitioner is validated, you'll be taken back to the "Enter details" screen. The added provider will now be selectable using the drop-down menu. Enter the claim details as required and click "Add claim". If you have more claims to enter, continue entering them and verify details as they appear in the claim details table. Once complete, click "Predetermine".

		Overvlew	Enter claim	Reports	Resourc	es You	r profi
Enter claim				ABO	C Health Clinic		
Enter detail							
Patient informatio	n						
Name ID number Group number	Smith, John 1234567-22 1						
Claim type 🍘 —							
	Provid	er of service	Aassage Therapist				
Claim details 🕜							
	Service date (Y)	(YY-MM-DD)					
			Shoose one -	Ī			
		fotal cost (\$)					
				Add Practitioner			
			tails				
			Add claim				
Service date (YYYY-MM-DD)	Service	Total cost (\$	) Other plan paid (\$)	Practitioner			
2016-02-04	Massage Therapy	150.00	50.00	Jane Doe	Modify	Remove	
		\$150.00	\$50.00				

#### 3. Predetermine

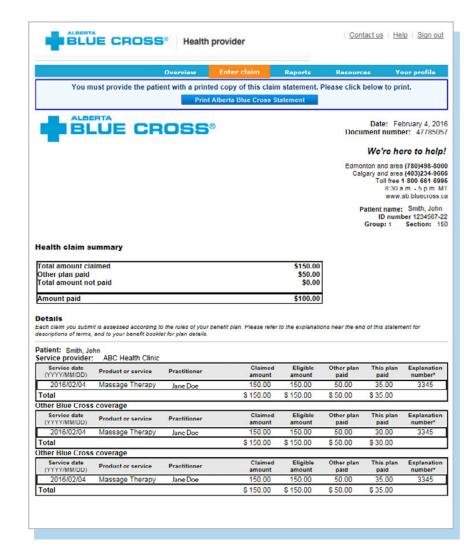
This is a simple inquiry into the patient's benefit plans to determine the coverage available. You can click "Modify" to go back to step 2, "Cancel" to exit without saving or "Process claim" to submit the claim online to Alberta Blue Cross for immediate processing.



#### 4. 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. Click the "Print" command on the screen. You must provide the patient with a printed copy of the claim statement.



## **STEPS FOR ONLINE SUBMISSION WITH PHYSICIANS WRITTEN ORDER (PWO)**

ALBERTA

#### 1. Predetermine rejects for PWO

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

#### 2. Adding the PWO

Select the product or service being claimed. Enter the issue date found on the PWO. Click "Browse" to resolve or search for the scanned or photographed PWO. Lastly, click "Add" to attach the PWO

#### Note

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

File

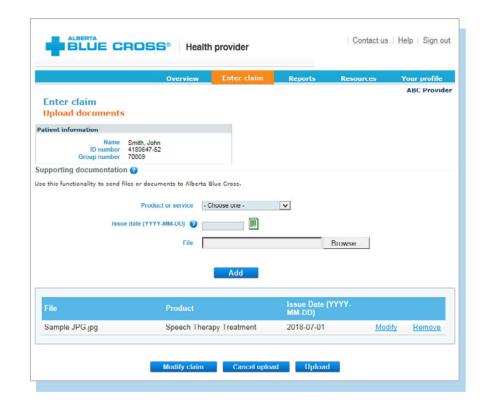
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Enter claim								
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Tot	al amount subm	itted:				\$2	22.00	
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(YYYY/MM/DD)	Service	Practitioner	amount		lan paid		number	
	Speech							
	Therapy							
2018/07/01	Treatment	ABC Practitioner	22.00	0.00	0.00	0.00	25131	
	Total		\$22.00	\$0.00	\$0.00	\$0.00		
Explanations								
Explanations 25131	This member please have t	's benefit plan require he member pay and s	es a physician ubmit the pa	n's written or id receipt, fu	der for this lly complete	service. For	this claim, m, and a	
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25131 Enter claim	please have t physician's w months can b Modif	he member pay and s ritten order to our of e submitted electroni <u>Clic</u>	ubmit the pa fice for reimb ically. k here to pr	id receipt, fu oursement. Si Int	lly complete ubsequent o	ed claim for laims for th	m, and a	
25131 Enter claim Upload docu	please have t physician's w months can b Modif	he member pay and s ritten order to our of e submitted electroni <u>Clic</u>	ubmit the pa fice for reimb ically. k here to pr	id receipt, fu oursement. Si Int	lly complete ubsequent o	ed claim for laims for th	m, and a	
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25131 Enter claim Upload docu	please have t physician's w months can b Modif	he member pay and 3 ritten order to our of e submitted electroni <u>Clic</u> y <u>Cancel</u>	ubmit the pa fice for reimb ically. k here to pr	id receipt, fu oursement. Si Int	lly complete ubsequent o	ed claim for laims for th	m, and a	
25131 Enter claim Upload docu attent information	please have 's physician's w months can b Modif	he member pay and 3 ritten order to our of e submitted electroni <u>Clic</u> y <u>Cancel</u>	ubmit the pa fice for reimb ically. k here to pr	id receipt, fu oursement. Si Int	lly complete ubsequent o	ed claim for laims for th	m, and a	
25131 Enter claim Upload docu attent information	please have t physician's w months can b Modif ments Name Smith, number 21880 70889	he member pay and 3 ritten order to our of e submitted electroni <u>Clic</u> y <u>Cancel</u>	ubmit the pa fice for reimb ically. k here to pr	id receipt, fu oursement. Si Int	lly complete ubsequent o	ed claim for laims for th	m, and a	
25131 Enter claim Upload docu stient information Group pporting docum	please have t physician's w months can b Modifi ments Name Smith, rumber 70889 nentation @	he member pay and 3 ritten order to our of e submitted electroni <u>Clic</u> y <u>Cancel</u> John 7.52	ubmit the particle of the second seco	id receipt, fu oursement. Si Int	lly complete ubsequent o	ed claim for laims for th	m, and a	
25131 Enter claim Upload docu stient information Group pporting docum	please have ' physician's w months can b Modif ments Name Smith, number / 1884 homber / 1884 to send files or do	he member pay and 3 ritten order to our of a submitted electroni  y Cancel  John 7-52 occuments to Alberta Blu	ubmit the particular free for reimitically.	id receipt, fu jurisement. Si int ocuments	lly complete ubsequent o	ed claim for laims for th	m, and a	
25131 Enter claim Upload docu stient information Group pporting docum	please have t physician's w months can b Modif ments Name Name Smith, 118864 number 70889 nentation ? to send files or do	he member pay and 3 ritten order to our of a submitted electroni Clic y Cancel John John 7.52 ocuments to Alberta Blu oduct or service CCite Cite Cite Cite Cite Cite Cite Ci	e Cruss.	id receipt, fu oursement. Si Int	lly complete ubsequent o	ed claim for laims for th	m, and a	
25131 Enter claim Upload docu stient information Group pporting docum	please have t physician's w months can b Modif ments Name Name Smith, 118864 number 70889 nentation ? to send files or do	he member pay and 3 ritten order to our of a submitted electroni  y Cancel  John 7-52 occuments to Alberta Blu	ubmit the particular free for reimitically.	id receipt, fu jurisement. Si int ocuments	lly complete ubsequent o	ed claim for laims for th	m, and a	
25131 Enter claim Upload docu stient information Group pporting docum	please have t physician's w months can b Modif ments Name Name Smith, 118864 number 70889 nentation ? to send files or do	he member pay and 3 ritten order to our of a submitted electroni Clic y Cancel John John 7.52 ocuments to Alberta Blu oduct or service CCite Cite Cite Cite Cite Cite Cite Ci	e Cruss.	id receipt, fu jurisement. Si int ocuments	Ily complete ubsequent of <u>Proces</u>	ed claim for claims for th	m, and a	
25131 Enter claim Upload docu stient information Group pporting docum	please have t physician's w months can b Modif ments Name Name Smith, 118864 number 70889 nentation ? to send files or do	Intermediate pay and 3 e submitted electronic clic y Cancel John 7-52 ocuments to Alberta Blu oduct or sorvico Chi	e Cruss.	id receipt, fu jurisement. Si int ocuments	Ily complete ubsequent of <u>Proces</u>	ed claim for laims for th	m, and a	
25131 Enter claim Upload docu tient information Group pporting docum	please have t physician's w months can b Modif ments Name Name Smith, 118864 number 70889 nentation ? to send files or do	Intermediate pay and 3 e submitted electronic clic y Cancel John 7-52 ocuments to Alberta Blu oduct or sorvico Chi	e Cruss.	id receipt, fu jurisement. Si int ocuments	Ily complete ubsequent of <u>Proces</u>	ed claim for claims for th	m, and a	

Issue Date (YYY) MM-DD)

#### 3. Uploading the PWO

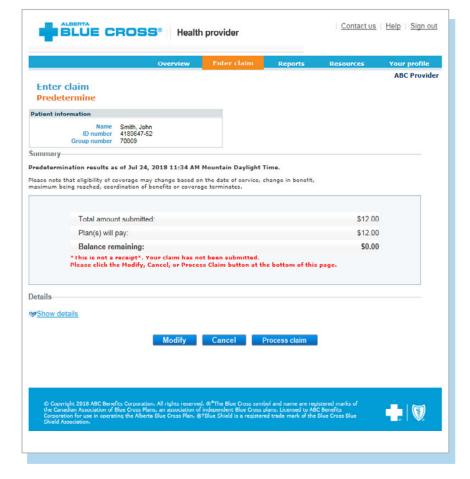
Once the PWO is added to the claim, it will appear in the box below. Click on "*Upload*" to predetermine the claim once again.



#### 4. Submitting the claim

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

To review your claim history, please see next page.



## **EASY STEPS TO ACCESS REPORTS**

1. Reports This screen allows you to pull up all claims waiting to be paid, history of settled claims and individual statements.	Contact us Help Sign out     Contact us
Outstanding payment report The outstanding payment report lists all transactions that are remaining to be paid and allows you to cancel a claim.	View all claims remaining to be paid as of May 31, 2016 Provider of service Chiropractor *Please note: If there are any claims to be cancelled, they can be viewed and cancelled within this report. Create report
<b>Payment history report</b> Once the transactions have been paid, they will be removed from the "Outstanding payment report" and will appear on the "Payment history report". Once payment has been issued, you can view and print the claims statement.	Provider of service Chiropractor To access your provider summary and claim statement, select the EFT payment date from the below drop- down menu. Payment Date - Choose one - v Create summary
Patient date  Select a start and end date to view a patient's payment history.	To access payment history, please select a start and end date.          Start date(YYYYMMDD)       2018/05/31         *Please note: Only date ranges within the previous 6 months can be entered.    Create report
<b>Patient claim statements</b> • This allows you to print a copy of the patient claim statements.	Patient claim statements  Find a patient and reproduce a Claim statement *Please note: Only claim statements obtained by the patient within the last year will appear. Create claim statement

#### Note

**Sort:** This is currently available (for outstanding payment reports and patient claim statements. You can sort the column by clicking on the double-headed arrow, located beside the column title.

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Details

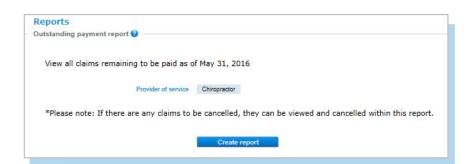
Service date (YYYY/MM/DD	Patien(+)	Servici	Amount claimed(\$(+)	Alberta Blue Cross paid(\$	Document numbe	Cancel claim
2013/12/20	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	Cancel
2013/12/29	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	Cancel
2014/01/05	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	Cancel
2014/01/01	Lee, Mark	Chiropractic Treatment	250.00	0.00	47762885	Cancel
Total			\$550.00	\$300.00		



**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.



ovider of service	Chiropractor			Need	help cancelling	a claim?
tails						
Hide details						
Service date (YYYY/MM/DD)¢	Patient	Service #	Amount claimed(\$)\$	Alberta Blue Cross paid(\$)¢	Document number+	Cancel claim
2013/12/20	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	Cancel
2013/12/29	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	Cancel
2014/01/05	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	Cancel
2014/01/01	Lee, Mark	Chiropractic Treatment	250.00	0.00	47762885	Cancel
Total			\$550.00	\$300.00		
wider of service tails Hide details	Physiotherapist					
Service date (YYYY/MM/DD)¢	Patient≬	Service (	Amount claimed(\$)¢	Alberta Blue Cross paid(\$)\$	Document number+	Cancel claim
2014/01/14	Smith, John	Physiotherapy Assessment	85.00	85.00	47762953	Cancel
2014/01/14	Smith, John	Physiotherapy Treatment	95.75	95.75	47762953	Cancel
2013/10/30	Smith, John	Physiotherapy Treatment	125.00	125.00	47762529	<u>Cancel</u>
2013/12/01	Smith, John	Acupuncture Treatment	120.00	0.00	47762529	Cancel
2013/12/03	Smith, John	Physiotherapy Treatment	123.00	123.00	47762529	Cancel
Total			\$548.75	\$428.75		
ovider of service stails Hide details	Massage Therapist					
Service date (YYYY/MM/DD)∳	Patient+	Service\$	Amount claimed(\$)+	Alberta Blue Cross paid(\$)♦	Document number+	Cancel claim
2013/12/29	Smith, Mary	Massage Therapy	100.00	0.00	47762912	Cancel
Total			\$100.00	\$0.00		
Combined tota	1	clai		berta Blue oss paid(\$) \$728.75		

#### 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.

Provider of service     Chiropractor       To access your provider summary and claim statement, select the EFT payment date from the below drop- down menu.       Payment Date       • Chirose one • • • • • • • • • • • • • • • • • • •	Payment history report 🚱	
To access your provider summary and claim statement, select the EFT payment date from the below drop- down menu.  Payment Data  Choose ons  2016-05-24		
down menu. Psyment Date Choose one - 2016-05-24	P	rovider of service Chiropractor
2016-05-24		unmary and claim statement, select the EFT payment date from the below drop-
	2018-05-24	-
Create summary		Create summary

#### **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.



#### PROVIDER SUMMARY

Date: May 24, 2016 Health statement number: 341/9812 PAYMENT MADE BY DIRECT DEPOSIT: 8103499

#### Health claim summary

	Total amour Amount not		\$560.00 \$107.00		
	Total amour	t paid	\$453.00		
etails Document number	ID number	Patient name	Amount	claimed	Amount paid
47787598	4008023-16	John Smith		37.00	37.00
47787598	4008023-10	Jane Smith		37.00	0.00
47787508	4008023-18	John Smith		37.00	37.00
47787608	1008023 10	Jane Smith		30.00	30.00
47787002	4740091-49	Dennis Smith		80.00	80.08
47787649	780111222-11	John Smith		33.00	33.00
47787649	780111222-12	John Smith		133.00	83.00
47787649	780111222-13	Jane Smith		34.00	34.00
47787653	2319584-52	Dennis Smith		130.00	110.00
TOTALS FOR THIS ST	TATEMENT			\$560.00	\$453.00

Service date	Product or service	Claimed	Eligible	Percent	Other plan	This plan	Explanation
TTTT/MM/DD	Product or service	amount	amount	covered	paid	pald	number
2010/05/19	Chiropractic treatment	33.00	33.00	100%	0.00	33.00	
Totals for J	lohn	\$33.00			\$0.00	\$33.00	
	ne: Jane Smith : 780111222-12 Group: 99	Section: TST				Docur	ment ID: 4778764
Service date YYYY/MM/DD	Product or service	Claimed amount	Eligible amount	Percent	Other plan paid	This plan paid	Explanation number
2016/05/19	Chiropractic treatment	33.00	33.00	100%	0.00	33.00	
2016/05/20	Chiropractic assessment	100.00	50.00	100%	50.00	50.00	3123
Totals for J	lane	\$133.00			\$50.00	\$03.00	
D number:	ne: Dennis Smith : 780111222-13 Group: 99	Section: TST					nent ID: 4778764
Service date YYYY/MM/DD	Product or service	Claimed amount	Eligible amount	Percent covered	Other plan paid	This plan paid	Explanatio number
2016/05/19	Chiropractic treatment	34.00	34.00	100%	0.00	34.00	
Totals for I	Dennis	\$34.00			\$0.00	\$34.00	
and the second second second		amount	amount	covered	paid	paid	number
YYYY/MM/DD	1 <sub>2</sub>						
2016/05/01	Chiropractic treatment	130.00	110.00	100%	0.00	110.00	334
Totals for D		\$130.00			\$0.00	\$110.00	
Explanatio		2002 2002			NON 100 NON 00	0.05	
See the nun	nbered explanations below for details				a second a second		
	Payment has been reduced as the m	aximum amount allow					
3123 3345	Days starting January 1. Payment has been reduced as the m	aximum amount allow	ed for this servic				
1.110.101	Payment has been reduced as the m occurrence. Our files indicate coordination of ber	efits apply. Please pr	ovide a statemen	t from the prima	ry carrier or if co		i per
3345	Payment has been reduced as the m occurrence.	efits apply. Please pr	ovide a statemen	t from the prima	ry carrier or if co		i per
3345 344 Understand	Payment has been reduced as the n occurrence. Our files indicate coordination of ber terminated, please indicate the termi ding this statement - Terms and	efits apply. Please pr nation date. Resubmi I Explanations	ovide a statemen t this information	t from the prima with this Explan:	ry carrier or if co ation of Benefits	statement.	
3345 344 Understand Ligible amou xceeding the eimbursemer nd/or co-pay emaining oos lease note:	Payment has been reduced as the n occurrence. Our files indicate coordination of ber terminated, please indicate the termi	efits apply. Please pr nation date. Resubmi I Explanations d amount (not be eligible for includes deductible responsible for the	Ovide a statemen this information Other pla paid for y individual combine amount in coverage statemen	t from the primar with this Explan: an paid: This is t our claim. Thro s, couples or far their benefit cow n accordance wit and have not cl	ry carrier or if con ation of Benefits the amount anoth ugh coordination miles with more te rage to receive h the contract pr aimed through it.		as already ), eligible Jan can m eligible ave other this

Part of your healthy future.

#### 3b. Payment history

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.

Star	t date(YYYYMM	DD) [20	16/05/31	End date(YY)	(YMMDD) 2016/05/31	詞
*Please	e note: Only	date r	anges within the previo	us 6 months can be	entered.	
			Cr	eate report		
		CF	Ross®	for	Payment History December 24, 2013 - Ja	
0009 108th	Street NW AB, T5J3C5	1				
rovider of serv Service date YYYY-MM-DD)	Patient	tor	Product or service	Amount claimed(\$)	Alberta Blue Cross paid (\$)	Document number
Statement		Date	12/24/2013			
013-11-27	Smith, Jane		Chiropractic assessment	125.75	40.00	47762461
013-12-05	Smith, Jane Smith, John		Chiropractic treatment Chiropractic treatment	150.58	40.00	
013-12-19	Smith, John		Chiropractic assessment	150.95	40.00	
013-12-05	Smith, John		Acupuncture Treatment	12.00	0.00	47762467
013-12-05	Smith, John		Chiropractic x-ray	125.00	0.00	
013-12-05	Smith, Dennis		Chiropractic treatment	152.00	35.00	47762477
013-12-15	Smith, John		Chiropractic treatment	120.00	35.00	
013-12-21	Smith, John		Chiropractic treatment	125.00	35.00	
013-12-22	Smith, John		Acupuncture Treatment	123.00	0.00	
013-12-23	Smith, John		Chiropractic treatment	120.00	35.00	
			Tota	1,354.28	300.00	
ovider of serv ervice date YYYY-MM-DD)	ice: Physiothe Patient	rapist	Product or service	Amount claimed(\$)	Alberta Blue Cross paid (\$)	Document number
Statement	ID 34171382	Date	12/24/2013			
013-10-25	Smith, John		Acupuncture Treatment	120.00	50.00	47762452
013-12-05	Smith, John		Physiotherapy treatment	150.00	50.00	
013-12-05	Smith, John		Acupuncture assessment	45.00	0.00	47762470
013-12-05	Smith, John		Physiotherapy assessmnt		0.00	
013-12-01	Smith, Jane		Acupuncture Treatment	123.00	0.00	47762479
013-12-01 013-12-01	Smith, Jane Smith, John		Acupuncture assessment Physiotherapy treatment	123.00	0.00	
013-12-01	Smith, John Smith, John		Physiotherapy treatment Physiotherapy treatment	123.90	0.00	
013-12-02	Smith, Dennis		Physiotherapy treatment	120.00	0.00	
013-12-05	Smith, John		Physiotherapy treatment	120.00	0.00	
			Tota	1 1.002.60	100.00	
	ice: Massage	Therapis				
ervice date YYYY-MM-DD)	Patient		Product or service	Amount claimed(S)	Alberta Blue Cross paid (\$)	Document number
Statement		Date	12/24/2013		<i></i>	
013-12-05	Smith, John		Massage therapy	125.00	50.00	47762465
013-12-16 013-12-19	Smith, Jane Smith, John		Massage therapy Massage therapy	125.00 125.59	50.00 50.00	
013-12-19	Smith, John		Massage therapy	125.00	50.00	47762475
	Smith, John		Massage therapy	120.00	50.00	
013-12-01	Smith, Dennis		Massage therapy	450.00	50.00	
			Massage therapy	120.00	50.00	
013-12-03	Smith, John		mananda merapy			
013-12-01 013-12-03 013-12-04 013-12-08	Smith, John Smith, John		Massage therapy	150.00	50.00	
013-12-03 013-12-04				150.00 450.00	50.00 50.00	

## **EASY STEPS TO CANCEL A CLAIM**

#### 1. Outstanding payment report ABC Health Clinic Reports If your clinic is registered with multiple Outstanding payment report @ provider types and has single sign on, please select the provider type for this View all claims remaining to be paid as of January 14, 2014 report from the drop-down menu. Provider of service - Choose one -If your clinic is registered as an individual provider type, the \*Please note: If there are any claims to be cancelled, they can be viewed and cancelled within this report. "Provider of service" field will be populated automatically. Create report 2. Cancel ABC Health Clinic To cancel a claim, click the hyperlink. Reports **Outstanding payment report** If the cancellation hyperlink is Provider of service Chiropractor Need help cancelling a claim inactive, either the payment run Details is in progress or the document AHide deta has exceeded the cancellation timeframe and the claim cannot be (YYYY/MM/DD) Service cancelled online. Please refer to the 2014/01/01 Smith, John Chiropractic Assessment 58 58 0.00 47763025 Cancel help icon for further instructions 100.00 2013/12/20 Smith, John Chiropractic Treatment 100.00 47762909 Cancel about how to cancel your claim. 2013/12/29 Smith, John Chiropractic Treatment 100.00 100.00 47762909 Cancel 2014/01/05 100.00 47762909 Smith, John 100.00 Chiropractic Treatment Cancel Total \$358.58 \$300.00 Click here to print Reports Note Outstanding payment report Cancellation options are unavailable at this time as our payment runs are currently in progress. We apologize for this inconvenience and encourage you to review the steps in "Need help cancelling a claim". If a payment run is in progress, you will receive notification that the claim cannot be cancelled. Provider of service Chiropractor Need help cancelling a claim? 🔞

#### 3. Cancellation review

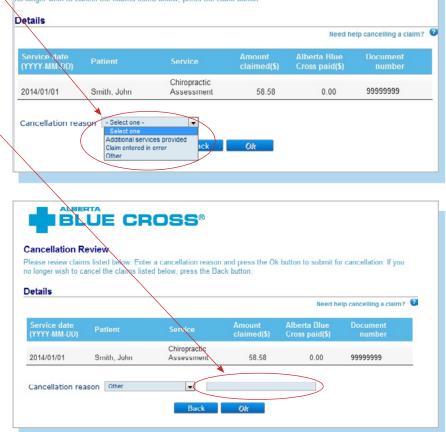
If you choose to cancel a claim, you will be asked for the reason. A dropdown menu lists common reasons.

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

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

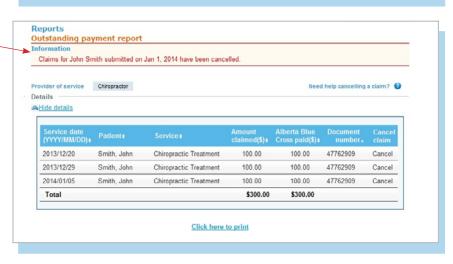
#### Cancellation Review

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.



#### 4. Cancellation

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



## **EASY STEPS TO CANCEL A PAID CLAIM**

<b>1. Patient claim sta</b> In the Reports sec		BLUE CROSS <sup>®</sup> Health provider
"Create a claim stat		Overview Enter claim Reports Resources Your profile
		Jane Smith
		Reports
		- Outstanding payment report 😮
		View all claims remaining to be paid as of January 4, 2023
		Provider of service - Choose one -
		*Please note: If there are any claims to be cancelled, they can be viewed and cancelled within this report.
		Create report
		- Payment history report 🚱
		Provider of service - Choose one - V
		To access your provider summary and claim statement, select the EFT payment date from the below drop-down menu.
		Rayment Date - Choose one - 🗸
		In order to access provider statements online, please register for direct deposit. To register, visit our website at https://www.ab.bluecross.ca/pdfs/82928.pdf
		Create summary
		To access payment history, please select a start and end date.
		Start date (YYYYMMDD) 2022/07/04 12 End date (YYYYMMDD) 2023/01/04 12
		*Please note: Only date ranges within the previous 6 months can be entered.
		Create report
		- Patlent claim statements 🥥 —
		Find a patient and reproduce a Claim statement
		*Please note: Only claim statements obtained by the patient within the last year will appear.
		Create claim statement
	L	
2. Enter patient inf	ormation	
	rs ID numbers, group rth, and click <i>"Search"</i> .	BLUE CROSS <sup>®</sup> Health provider
		Overview Enter claim Reports Resources Your profile
		Jane Smith

Reports

Patient claim statements

Enter patient (2)

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

Date of birth(YYYY-MM

ID number Group sumber

P

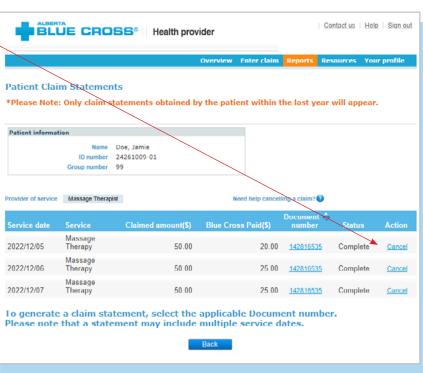
#### 3. Claim type

If your clinic is registered with multiple provider types and has single sign on, please select the provider type for this report from the drop-down menu. If your clinic is registered as an individual provider type, the "*Provider of service*" field will be populated automatically.



#### 4. Cancel

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



25.00 142816535

#### 5. Cancellation review

If you choose to cancel a claim, you will be asked for the reason. A dropdown 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.

#### Contact us Help Sign out BLUE CROSS<sup>®</sup> Health provider Jane Smith Patient Claim Statements Patient information Name Doe, Jamie ID number 24261009-01 Group number 99 Claim type Provider of service Massage Therapist ¥ Next Need help cancelling a claim? Amount claimed(\$ Blue Cross Paid(\$) Massage 2022/12/05 Doe, Jamie Therapy 50.00 20.00 142816535 Massage 2022/12/00 Doe. Jamie 50.00 25.00 142816535

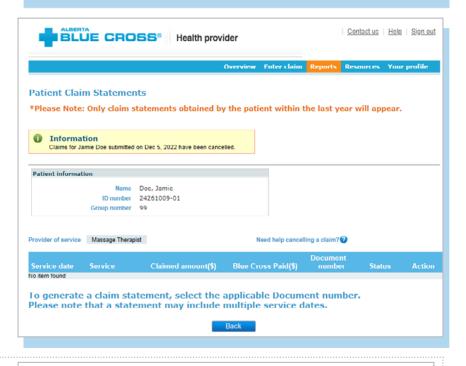
50.00

Therapy Massage Therapy

 $\mathbf{v}$ 

#### 6. Cancellation confirmation

Once a claim has successfully been cancelled, a confirmation will appear at the top of the screen.



#### Note

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

#### Patient Claim Statements

2022/12/07

Cancellation reason

Doe, Jamie

Other

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

Carcellation options are unavailable at this time as our payment runs are currently in progress. We apologize for this inconvenience and cncourage you to review the steps in "Need help cancelling a claim".

# **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 healthing@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.





provider.ab.bluecross.ca/health

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