

# **PODIATRY PROVIDER USER GUIDE**

Online claims submission

# PODIATRY PROVIDER USER GUIDE— ONLINE CLAIMS SUBMISSION

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

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

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

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

## Registering for site access

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

The screenshot shows the Alberta Blue Cross Health provider portal. The user is logged in as Jane Smith. A modal window is displayed with the following text:

**Please be advised. Your banking information needs to be updated to proceed with claim submission.**

To update your banking information, navigate to "Your Profile" and select "Change banking information". Please double check your entry to ensure your banking information is accurate - this information will be added to our system as entered on this form.

If you have any questions or concerns, please contact Alberta Blue Cross Provider Relations at 1-800-500-1195.

Buttons: OK

## 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.

The screenshot shows the Alberta Blue Cross Health provider portal. The user is logged in as Jane Smith. The "Your profile" page is displayed with the following form:

**Enter your new Bank account information**

\*Transit number: [input field] \*Institution number: [input field] \*Account number: [input field]

**Please enter your new Bank information again as a precaution to prevent errors**

\*Transit number: [input field] \*Institution number: [input field] \*Account number: [input field]

Buttons: Reset, Update

## 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.

The screenshot shows the Alberta Blue Cross Health provider portal. The user is logged in as Jane Smith. The "Your profile" page is displayed with the following confirmation message:

**Information**  
Banking information updated successfully

Transit number	Institution number	Account number	Effective date
11111	111	111111111	1/7/2023

# 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.

## 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.

#### 4. Enter details

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

##### Note

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

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

##### How to calculate the total cost:

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

*Total invoiced amount*

–

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

**= Total cost**

- 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 [Request to add a practitioner to your account for online direct billing](#).

ALBERTA BLUE CROSS® Health provider

Contact us | Help | Sign out

Overview Enter claim Reports Resources Your profile

ABC Health Clinic

**Enter claim**  
**Enter details**

**Patient information**

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

Claim type ⓘ

Provider of service Message Therapist

Claim details ⓘ

Service date (YYYY-MM-DD)

Service - Choose one - ▾

Total cost (\$)

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

**Add claim**

**Cancel** **Predetermine**

ALBERTA BLUE CROSS®

**Add your practitioner**

Please fill in the required fields to add a provider

**General Information**

First name

\*Last name  \*Include last name only

\*Association/College number

**\*Required fields**

**Cancel** **OK**

**Note**

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

Enter claim  
Enter details

**Error**  
The provider was not valid on the date the service was provided. Please contact an Alberta Blue Cross representative at (780)-498-8083 (Edmonton & areas), toll-free in other areas of Canada 1-800-588-1195

**Patient information**  

Name	Smith, John
ID number	1234567 22
Group number	1

Claim type ⓘ

Provider of service Chiropractor

**Claim details** ⓘ

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

Service Chiropractic treatment


Total cost (\$) 150

Practitioner Practitioner 1

Add Practitioner

Add claim

Cancel Predetermine



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

**Error**  
We are unable to locate your information on our provider file. Please contact an Alberta Blue Cross representative at (780)-498-8083 (Edmonton & areas), toll-free in other areas of Canada 1-800-588-1195

**General information**

First name

\*Last name test

\*Association/College number 857

\*Required fields

Cancel OK

- 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".

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

Overview **Enter claim** Reports Resources Your profile

**Enter claim**  
**Enter details**

ABC Health Clinic

**Patient information**

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

- Claim type ⓘ

Provider of service: Massage Therapist

- Claim details ⓘ

Service date (YYYY-MM-DD): 2016-02-04

Service: Massage Therapy

Total cost (\$): 100

Practitioner: - Choose one -  
Practitioner 1  
Practitioner 2  
Practitioner 3

[Add Practitioner](#)

**Add claim**

**Cancel** **Predetermine**

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

Overview **Enter claim** Reports Resources Your profile

**Enter claim**  
**Enter details**

ABC Health Clinic

**Patient information**

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

- Claim type ⓘ

Provider of service: Massage Therapist

- Claim details ⓘ

Service date (YYYY-MM-DD): 2016-02-04

Service: - Choose one -

Total cost (\$): 100

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

**Add claim**

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

**Cancel** **Predetermine**

## 5. Predetermine

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

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

Overview **Enter claim** Reports Resources Your profile

ABC Health Clinic

**Enter claim**  
**Predetermine**

**Patient information**

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

- Summary

Predetermination results as of Feb 4, 2016 10:10 AM Mountain Standard Time.

Please note that eligibility of coverage may change based on the date of service, change in benefit, maximum being reached, coordination of benefits or coverage terminates.

Total amount submitted:	\$100.00
Plan(s) will pay:	\$0.00
<b>Balance remaining:</b>	<b>\$100.00</b>

**\*This is not a receipt\*. Your claim has not been submitted.  
Please click the Modify, Cancel, or Process Claim button at the bottom of this page.**

- Details

[Show details](#)

[Modify](#) [Cancel](#) [Process claim](#)

## 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.

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

Overview **Enter claim** Reports Resources Your profile

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

[Print Alberta Blue Cross Statement](#)

**ALBERTA BLUE CROSS®**

**Date:** February 4, 2016  
**Document number:** 47785055

**We're here to help!**

Edmonton and area (780) 498-8000  
Calgary and area (403) 234-9666  
Toll free 1 800 661 6895  
8:30 a.m. - 5 p.m. MT  
[www.ab.bluecross.ca](http://www.ab.bluecross.ca)

**Patient name:** Smith, John  
**ID number:** 1234567-22  
**Group:** 1 **Section:** EXT

**Health claim summary**

Total amount claimed	\$100.00
Total amount not paid	\$100.00
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:** Jane  
**Service provider:** ABC Health Clinic

Service date (YYYY/MM/DD)	Product or service	Practitioner	Claimed amount	Eligible amount	Other plan paid	This plan paid	Explanation number*
2016/02/04	Massage Therapy	Jane Doe	100.00	100.00	0.00	0.00	
<b>Total</b>			\$ 100.00	\$ 100.00	\$ 0.00	\$ 0.00	

**Other Blue Cross coverage**

Service date (YYYY/MM/DD)	Product or service	Practitioner	Claimed amount	Eligible amount	Other plan paid	This plan paid	Explanation number*
2016/02/04	Massage Therapy	Jane Doe	100.00	100.00	0.00	0.00	
<b>Total</b>			\$ 100.00	\$ 100.00	\$ 0.00	\$ 0.00	

**\*Explanations**

**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.

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

## 1. Patient has Coordination of Benefits

Click "Yes" if a portion of this claim has already been paid by another private benefit carrier (excluding provincial health plan and Alberta Health) and if you would like to submit the remaining amount to this plan.

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

Overview Enter claim Reports Resources Your profile

ABC Health Clinic

**Enter claim**  
**Coordination of Benefits Information**

**Patient information**

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

**COB information**

Is the patient entitled to receive comparable benefits from any other insurance company, health benefits company or Alberta Blue Cross Plan?

☒ Yes ☐ No

If the claim was submitted through another benefit carrier or provincial plan, would you like to submit the remaining amount to this plan?

☒ Yes ☐ No

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

## 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.

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

Overview Enter claim Reports Resources Your profile

ABC Health Clinic

**Enter claim**  
**Enter details**

**Patient information**

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

**Claim type**

Provider of service: [Message Therapist](#)

**Claim details**

Service date (YYYY-MM-DD):

Service: [Message Therapy](#)

Total cost (\$):

Other plan paid (\$):

Practitioner: [Jane Doe](#) [Add Practitioner](#)

[Add claim](#)

[Cancel](#) [Predetermine](#)

- 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.

### 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).

- 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".

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

Overview **Enter claim** Reports Resources Your profile

**ABC Health Clinic**

**Enter claim**  
**Enter details**

**Patient information**

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

- Claim type

Provider of service: Massage Therapist

- Claim details

Service date (YYYY-MM-DD):

Service:

Total cost (\$):

Other plan paid (\$):

Practitioner:  [Add Practitioner](#)

[Practitioner Details](#)

**Add claim**

Service date (YYYY-MM-DD)	Service	Total cost (\$)	Other plan paid (\$)	Practitioner		
2016-02-01	Massage Therapy	150.00	50.00	Jane Doe	<a href="#">Modify</a>	<a href="#">Remove</a>
		<b>\$150.00</b>	<b>\$50.00</b>			

**Cancel** **Predetermine**

### 3. Predetermine

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

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

Overview **Enter claim** Reports Resources Your profile

**ABC Health Clinic**

**Enter claim**  
**Predetermine**

**Patient information**

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

- Summary

**Predetermination results as of Feb 4, 2016 10:14 AM Mountain Standard Time.**

Please note that eligibility of coverage may change based on the date of service, change in benefit, maximum being reached, coordination of benefits or coverage terminates.

Total amount submitted:	\$150.00
Plan(s) will pay:	\$100.00
Balance remaining:	\$50.00

**\*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

[Hide details](#)


**Patients:** Michale  
**Service provider:** Associate Massage Therapy & Laser Clinic

Service date (YYYY/MM/DD)	Service	Practitioner	Claimed amount	Eligible amount	Other plan paid	This plan paid	Explanation number
2016/02/04	Massage Therapy	Jane Doe	150.00	150.00	50.00	35.00	3045
	<b>Total</b>		<b>\$150.00</b>	<b>\$150.00</b>	<b>\$50.00</b>	<b>\$35.00</b>	

#### 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.


**ALBERTA BLUE CROSS®**


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

**Health provider**

[Overview](#)
[Enter claim](#)
[Reports](#)
[Resources](#)
[Your profile](#)

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

[Print Alberta Blue Cross Statement](#)


**ALBERTA BLUE CROSS®**

Date: February 4, 2016  
 Document number: 47785057

**We're here to help!**  
 Edmonton and area (780)498-8000  
 Calgary and area (403)234-9666  
 Toll free 1 800 661 6996  
 8:30 a.m. - 5 p.m. MT  
 www.ab.bluecross.ca

Patient name: Smith, John  
 ID number 1234567-22  
 Group: 1 Section: 150

**Health claim summary**

Total amount claimed	\$150.00
Other plan paid	\$50.00
Total amount not paid	\$0.00
<b>Amount paid</b>	<b>\$100.00</b>

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

Patient: Smith, John  
 Service provider: ABC Health Clinic

Service date (YYYY/MM/DD)	Product or service	Practitioner	Claimed amount	Eligible amount	Other plan paid	This plan paid	Explanation number*
2016/02/04	Massage Therapy	Jane Doe	150.00	150.00	50.00	35.00	3345
<b>Total</b>			\$ 150.00	\$ 150.00	\$ 50.00	\$ 35.00	

**Other Blue Cross coverage**

Service date (YYYY/MM/DD)	Product or service	Practitioner	Claimed amount	Eligible amount	Other plan paid	This plan paid	Explanation number*
2016/02/04	Massage Therapy	Jane Doe	150.00	150.00	50.00	30.00	3345
<b>Total</b>			\$ 150.00	\$ 150.00	\$ 50.00	\$ 30.00	

**Other Blue Cross coverage**

Service date (YYYY/MM/DD)	Product or service	Practitioner	Claimed amount	Eligible amount	Other plan paid	This plan paid	Explanation number*
2016/02/04	Massage Therapy	Jane Doe	150.00	150.00	50.00	35.00	3345
<b>Total</b>			\$ 150.00	\$ 150.00	\$ 50.00	\$ 35.00	

# EASY STEPS TO ACCESS REPORTS

## 1. Reports

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

### Outstanding payment report

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

### Payment history report

Once the transactions have been paid, they will be removed from the "Outstanding payment report" and will appear on the "Payment history report". Once payment has been issued, you can view and print the claims statement.

### Patient date

Select a start and end date to view a patient's payment history.

### Patient claim statements

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

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

**Reports**

**Outstanding payment report** ⓘ

View all claims remaining to be paid as of May 31, 2016

Provider of service

\*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

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

Payment Date

[Create summary](#)

To access payment history, please select a start and end date.

Start date(YYYYMMDD)

End date(YYYYMMDD)

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

[Create report](#)

**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.



Details [Hide details](#)

Service date (YYYY/MM/DD) ⓘ	Patient ⓘ	Service ⓘ	Amount claimed(\$ ⓘ)	Alberta Blue Cross paid(\$ ⓘ)	Document number ⓘ	Cancel claim ⓘ
2013/12/20	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	<a href="#">Cancel</a>
2013/12/29	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	<a href="#">Cancel</a>
2014/01/05	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	<a href="#">Cancel</a>
2014/01/01	Lee, Mark	Chiropractic Treatment	250.00	0.00	47762885	<a href="#">Cancel</a>
<b>Total</b>			<b>\$550.00</b>	<b>\$300.00</b>		



**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.

**Reports**

Outstanding payment report

View all claims remaining to be paid as of May 31, 2016

Provider of service
Chiropractor

\*Please note: If there are any claims to be cancelled, they can be viewed and cancelled within this report.

Create report

**Reports**

Outstanding payment report

Provider of service
Chiropractor

Need help cancelling a claim?

Details

Hide details

Service date (YYYY/MM/DD)	Patient	Service	Amount claimed(\$)	Alberta Blue Cross paid(\$)	Document number	Cancel claim
2013/12/20	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	<a href="#">Cancel</a>
2013/12/29	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	<a href="#">Cancel</a>
2014/01/05	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	<a href="#">Cancel</a>
2014/01/01	Lee, Mark	Chiropractic Treatment	250.00	0.00	47762885	<a href="#">Cancel</a>
<b>Total</b>			<b>\$550.00</b>	<b>\$300.00</b>		

Provider of service
Physiotherapist

Details

Hide details

Service date (YYYY/MM/DD)	Patient	Service	Amount claimed(\$)	Alberta Blue Cross paid(\$)	Document number	Cancel claim
2014/01/14	Smith, John	Physiotherapy Assessment	85.00	85.00	47762953	<a href="#">Cancel</a>
2014/01/14	Smith, John	Physiotherapy Treatment	95.75	95.75	47762953	<a href="#">Cancel</a>
2013/10/30	Smith, John	Physiotherapy Treatment	125.00	125.00	47762529	<a href="#">Cancel</a>
2013/12/01	Smith, John	Acupuncture Treatment	120.00	0.00	47762529	<a href="#">Cancel</a>
2013/12/03	Smith, John	Physiotherapy Treatment	123.00	123.00	47762529	<a href="#">Cancel</a>
<b>Total</b>			<b>\$548.75</b>	<b>\$428.75</b>		

Provider of service
Massage Therapist

Details

Hide details

Service date (YYYY/MM/DD)	Patient	Service	Amount claimed(\$)	Alberta Blue Cross paid(\$)	Document number	Cancel claim
2013/12/29	Smith, Mary	Massage Therapy	100.00	0.00	47762912	<a href="#">Cancel</a>
<b>Total</b>			<b>\$100.00</b>	<b>\$0.00</b>		

**Combined total**

Amount claimed(\$)  
\$1,198.75

Alberta Blue Cross paid(\$)  
\$728.75

[Click here to print](#)

## 3. Payment history reports

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

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

Payment history report

Provider of service
Chiropractor

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


Payment Date
Choose one -  
2016-05-24  
2016-06-24

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**



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

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

**Health claim summary**

Total amount claimed	\$580.00
Amount not covered	\$107.00
<b>Total amount paid</b>	<b>\$453.00</b>

**Details**

Document number	ID number	Patient name	Amount claimed	Amount paid
47787598	4008023-16	John Smith	37.00	37.00
47787598	4008023-17	Jane Smith	37.00	0.00
47787598	4008023-18	John Smith	37.00	37.00
47787608	4008023-10	Jane Smith	30.00	30.00
47787602	4740591-49	Dennis Smith	80.00	80.00
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
<b>TOTALS FOR THIS STATEMENT</b>			<b>\$580.00</b>	<b>\$453.00</b>

**Patient name:** John Smith  
**ID number:** 780111222-11 **Group:** 99 **Section:** TST **Document ID:** 47707649

Service date YYYYMMDD	Product or service	Claimed amount	Eligible amount	Percent covered	Other plan paid	This plan paid	Explanation number <sup>1</sup>
2010/05/19	Chiropractic treatment	33.00	33.00	100%	0.00	33.00	
<b>Totals for John</b>		<b>\$33.00</b>			<b>\$0.00</b>	<b>\$33.00</b>	

**Patient name:** Jane Smith  
**ID number:** 780111222-12 **Group:** 99 **Section:** TST **Document ID:** 47787649

Service date YYYYMMDD	Product or service	Claimed amount	Eligible amount	Percent covered	Other plan paid	This plan paid	Explanation number <sup>1</sup>
2016/05/19	Chiropractic treatment	33.00	33.00	100%	0.00	33.00	
2016/05/20	Chiropractic assessment	100.00	50.00	100%	50.00	50.00	3123
<b>Totals for Jane</b>		<b>\$133.00</b>			<b>\$50.00</b>	<b>\$83.00</b>	

**Patient name:** Dennis Smith  
**ID number:** 780111222-13 **Group:** 99 **Section:** TST **Document ID:** 47787649

Service date YYYYMMDD	Product or service	Claimed amount	Eligible amount	Percent covered	Other plan paid	This plan paid	Explanation number <sup>1</sup>
2016/05/19	Chiropractic treatment	34.00	34.00	100%	0.00	34.00	
<b>Totals for Dennis</b>		<b>\$34.00</b>			<b>\$0.00</b>	<b>\$34.00</b>	

**Patient name:** Jane Smith  
**ID number:** 2319584-52 **Group:** 14200 **Section:** R **Document ID:** 47787653

Service date YYYYMMDD	Product or service	Claimed amount	Eligible amount	Percent covered	Other plan paid	This plan paid	Explanation number <sup>1</sup>
2016/05/01	Chiropractic treatment	130.00	110.00	100%	0.00	110.00	3345
<b>Totals for Denise</b>		<b>\$130.00</b>			<b>\$0.00</b>	<b>\$110.00</b>	

<sup>1</sup>**Explanations**  
See the numbered explanations below for details of how your claims were assessed. More than one numbered explanation may apply to a claim line.

3123	Payment has been reduced as the maximum amount allowed for this service has been reached. The service is limited to \$50 in 1 Days starting January 1.
3345	Payment has been reduced as the maximum amount allowed for this service has been reached. The service is limited to \$110 per occurrence.
344	Our files indicate coordination of benefits apply. Please provide a statement from the primary carrier or if coverage is terminated, please indicate the termination date. Resubmit this information with this Explanation of Benefits statement.

**Understanding this statement - Terms and Explanations**

**Eligible amount:** This is the portion of the Claimed amount (not exceeding the amount claimed) that is calculated to be eligible for reimbursement subject to the terms of your plan. It includes deductible and/or co-payment amounts if they apply. You are responsible for the remaining cost not covered by your plan(s).  
**Please note:** It is important to refer to your benefit information to determine what is covered.

**Other plan paid:** This is the amount another benefit plan has already paid for your claim. Through coordination of benefits (COB), eligible individuals, couples or families with more than one benefit plan can combine their benefit coverage to receive up to the maximum eligible amount in accordance with the contract provisions. If you have other coverage and have not claimed through it, you may submit this statement as part of the claim to your other benefit carrier for coordination of benefits.

**Private and confidential** This statement is issued for use only by the provider of service for purposes of claims processing and payment and is not to be shared with any third party. If the patient requires a statement pertaining to a claim for services provided, please advise them to contact their benefits carrier directly.

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

**Part of your healthy future.**

provider.ab.bluecross.ca/health

15

### 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.

To access payment history, please select a start and end date.

Start date(YYYYMMDD) 2018/05/31

End date(YYYYMMDD) 2018/05/31

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

Create report



#### Payment History Report for December 24, 2013 - January 14, 2014

**ABC Health Clinic**  
10009 108th Street NW  
Edmonton, AB, T6J3C6

Provider of service: Chiropractor

Service date (YYYY-MM-DD)	Patient	Product or service	Amount claimed(\$)	Alberta Blue Cross paid (\$)	Document number
<b>Statement ID</b> 34171381 <b>Date</b> 12/24/2013					
2013-11-27	Smith, Jane	Chiropractic assessment	125.75	40.00	47762461
2013-12-05	Smith, Jane	Chiropractic treatment	150.58	40.00	
2013-12-19	Smith, John	Chiropractic treatment	150.95	40.00	
2013-12-20	Smith, John	Chiropractic assessment	150.00	40.00	
2013-12-05	Smith, John	Acupuncture Treatment	12.00	0.00	47762467
2013-12-05	Smith, John	Chiropractic x-ray	125.00	0.00	
2013-12-05	Smith, Dennis	Chiropractic treatment	152.00	35.00	47762477
2013-12-15	Smith, John	Chiropractic treatment	120.00	35.00	
2013-12-21	Smith, John	Chiropractic treatment	125.00	35.00	
2013-12-22	Smith, John	Acupuncture Treatment	123.00	0.00	
2013-12-23	Smith, John	Chiropractic treatment	120.00	35.00	
<b>Total</b>			<b>1,334.28</b>	<b>200.00</b>	

Provider of service: Physiotherapist

Service date (YYYY-MM-DD)	Patient	Product or service	Amount claimed(\$)	Alberta Blue Cross paid (\$)	Document number
<b>Statement ID</b> 34171382 <b>Date</b> 12/24/2013					
2013-10-25	Smith, John	Acupuncture Treatment	120.00	50.00	47762452
2013-12-05	Smith, John	Physiotherapy treatment	150.00	50.00	
2013-12-05	Smith, John	Acupuncture assessment	45.00	0.00	47762470
2013-12-05	Smith, John	Physiotherapy assessment	34.00	0.00	
2013-12-01	Smith, Jane	Acupuncture Treatment	123.00	0.00	47762479
2013-12-01	Smith, Jane	Acupuncture assessment	123.00	0.00	
2013-12-01	Smith, John	Physiotherapy treatment	123.78	0.00	
2013-12-02	Smith, John	Physiotherapy treatment	123.90	0.00	
2013-12-03	Smith, Dennis	Physiotherapy treatment	120.00	0.00	
2013-12-05	Smith, John	Physiotherapy treatment	120.00	0.00	
<b>Total</b>			<b>1,082.68</b>	<b>100.00</b>	

Provider of service: Massage Therapist

Service date (YYYY-MM-DD)	Patient	Product or service	Amount claimed(\$)	Alberta Blue Cross paid (\$)	Document number
<b>Statement ID</b> 34171383 <b>Date</b> 12/24/2013					
2013-12-05	Smith, John	Massage therapy	125.00	50.00	47762465
2013-12-16	Smith, Jane	Massage therapy	125.00	50.00	
2013-12-19	Smith, John	Massage therapy	125.50	50.00	
2013-10-25	Smith, John	Massage therapy	125.00	50.00	47762475
2013-12-01	Smith, John	Massage therapy	120.00	50.00	
2013-12-03	Smith, Dennis	Massage therapy	450.00	50.00	
2013-12-04	Smith, John	Massage therapy	120.00	50.00	
2013-12-08	Smith, John	Massage therapy	150.00	50.00	
2013-12-10	Smith, John	Massage therapy	450.00	50.00	
<b>Total</b>			<b>1,790.50</b>	<b>450.00</b>	

# EASY STEPS TO CANCEL A CLAIM

## 1. Outstanding payment report

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

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

**Reports**  
Outstanding payment report ⓘ

View all claims remaining to be paid as of January 14, 2014

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

## 2. Cancel

To cancel a claim, click the hyperlink.

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

**Reports**  
Outstanding payment report

Provider of service: Chiropractor ⓘ Need help cancelling a claim? ⓘ

Details

[Hide details](#)

Service date (YYYY/MM/DD)	Patient	Service	Amount claimed(\$)	Alberta Blue Cross paid(\$)	Document number	Cancel claim
2014/01/01	Smith, John	Chiropractic Assessment	56.58	0.00	47763028	<a href="#">Cancel</a>
2013/12/20	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	<a href="#">Cancel</a>
2013/12/29	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	<a href="#">Cancel</a>
2014/01/05	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	<a href="#">Cancel</a>
<b>Total</b>			<b>\$358.58</b>	<b>\$300.00</b>		

[Click here to print](#)

### Note

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

**Reports**  
Outstanding payment report

Information

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"

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 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.

[Need help cancelling a claim?](#)

Service date (YYYY-MM-DD)	Patient	Service	Amount claimed(\$)	Alberta Blue Cross paid(\$)	Document number
2014/01/01	Smith, John	Chiropractic Assessment	58.58	0.00	99999999

Cancellation reason: - Select one -

- Select one
- Additional services provided
- Claim entered in error
- Other

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

**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.

[Need help cancelling a claim?](#)

Service date (YYYY-MM-DD)	Patient	Service	Amount claimed(\$)	Alberta Blue Cross paid(\$)	Document number
2014/01/01	Smith, John	Chiropractic Assessment	58.58	0.00	99999999

Cancellation reason: Other

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

### 4. Cancellation

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

**Reports**

#### Outstanding payment report

**Information**

Claims for John Smith submitted on Jan 1, 2014 have been cancelled.

Provider of service: Chiropractor

[Need help cancelling a claim?](#)

[Details](#)

[Hide details](#)

Service date (YYYY/MM/DD)	Patient	Service	Amount claimed(\$)	Alberta Blue Cross paid(\$)	Document number	Cancel claim
2013/12/20	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	Cancel
2013/12/29	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	Cancel
2014/01/05	Smith, John	Chiropractic Treatment	100.00	100.00	47762909	Cancel
<b>Total</b>			<b>\$300.00</b>	<b>\$300.00</b>		

[Click here to print](#)

# EASY STEPS TO CANCEL A PAID CLAIM

## 1. Patient claim statements

In the Reports section, click "Create a claim statement".

ALBERTA BLUE CROSS® Health provider | Contact us | Help | Sign out

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 - ▾

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

Payment Date - Choose one - ▾

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

Create summary

To access payment history, please select a start and end date.

Start date (YYYYMMDD) 2022/07/04 End date (YYYYMMDD) 2023/01/04

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

Create report

– 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

## 2. Enter patient information

Input the members ID numbers, group number, date of birth, and click "Search".

ALBERTA BLUE CROSS® Health provider | Contact us | Help | Sign out

Overview Enter claim Reports Resources Your profile

Jane Smith

### Reports

#### Patient claim statements

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

Enter patient ⓘ

ID number

Group number

Date of birth (YYYY-MM-DD)

Clear Search

### 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.

ALBERTA BLUE CROSS® Health provider | Contact us | Help | Sign out

Overview Enter claim Reports Resources Your profile

Jane Smith

### Patient Claim Statements

**Patient information**

Name	Doe, Jamie
ID number	24261009-01
Group number	99

Claim type

Provider of service: Message Therapist ▼

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

### 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.

ALBERTA BLUE CROSS® Health provider | Contact us | Help | Sign out

Overview Enter claim Reports Resources Your profile

### Patient Claim Statements

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

**Patient information**

Name	Doe, Jamie
ID number	24261009-01
Group number	99

Provider of service: Message Therapist [Need help cancelling a claim?](#)

Service date	Service	Claimed amount(\$)	Blue Cross Paid(\$)	Document number	Status	Action
2022/12/05	Massage Therapy	50.00	20.00	<a href="#">142016535</a>	Complete	<a href="#">Cancel</a>
2022/12/06	Massage Therapy	50.00	25.00	<a href="#">142816535</a>	Complete	<a href="#">Cancel</a>
2022/12/07	Massage Therapy	50.00	25.00	<a href="#">142816535</a>	Complete	<a href="#">Cancel</a>

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

[Back](#)

## 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.

ALBERTA BLUE CROSS® Health provider

Contact us | Help | Sign out

Overview Enter claim **Reports** Resources Your profile

Jane Smith

### Patient Claim Statements

**Patient information**

Name: Doe, Jamie  
ID number: 24261009-01  
Group number: 99

Claim type:

Provider of service:

Need help cancelling a claim? [?](#)

Service date YYYY/MM/DD	Patient	Service	Amount claimed(\$)	Blue Cross Paid(\$)	Document number
2022/12/05	Doe, Jamie	Massage Therapy	50.00	20.00	142816535
2022/12/06	Doe, Jamie	Massage Therapy	50.00	25.00	142816535
2022/12/07	Doe, Jamie	Massage Therapy	50.00	25.00	142816535

Cancellation reason:

## 6. Cancellation confirmation

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

ALBERTA BLUE CROSS® Health provider

Contact us | Help | Sign out

Overview Enter claim **Reports** Resources Your profile

### Patient Claim Statements

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

**Information**  
Claims for Jamie Doe submitted on Dec 5, 2022 have been cancelled.

**Patient information**

Name: Doe, Jamie  
ID number: 24261009-01  
Group number: 99

Provider of service:

Need help cancelling a claim? [?](#)

Service date	Service	Claimed amount(\$)	Blue Cross Paid(\$)	Document number	Status	Action
No item found						

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

### Note

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

### Patient Claim Statements

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

**Error**  
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".

# 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](mailto: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.

