

PODIATRY PROVIDER USER GUIDE Online claims submission

January 2023

provider.ab.bluecross.ca/health

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 <u>ab.bluecross.ca</u>.

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

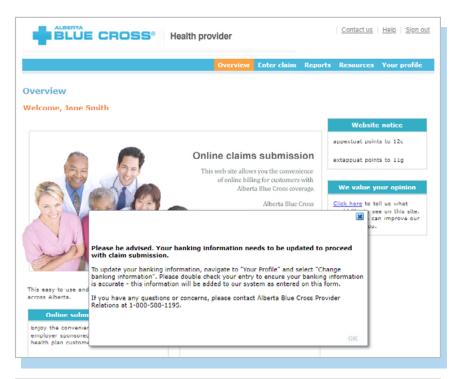
When you login to the Online Health Portal (OHP) for the first time, you will be prompted to enter your banking information before proceeding to claim submission.

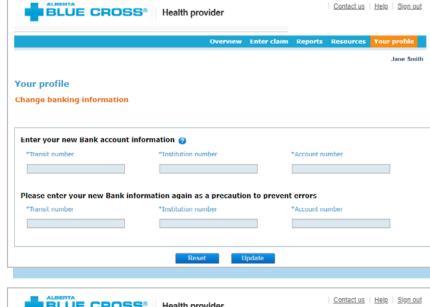
Note

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.





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.

		SS [®] Health pro	vider			Contact us	Help Sign out
			Overview	Enter claim	Reports	Resources	Your profile
							Jane Smith
	our profile onfirm banking information Information Danking information updated suc						
	Transit number 11111	Institution number 111		Account number		Effectiv 1/7/2	
_							

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

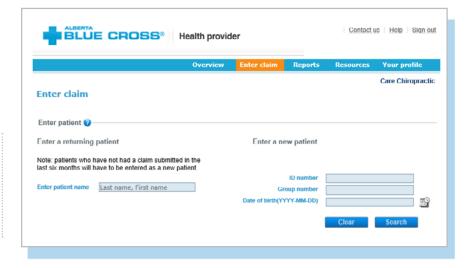
If you're submitting a claim for a returning patient, you can enter their last and first name to populate the ID number, group number and date of birth fields.

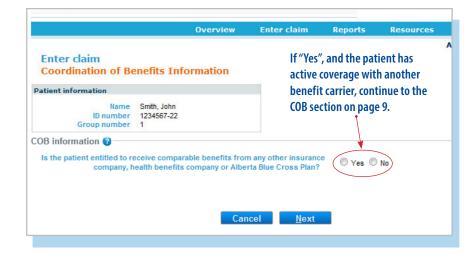
2. Verify whether the patient has Coordination of Benefits

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.

		Overview	Enter claim	Reports	Resources	Your profile
						ABC Health Clinic
nter claim						
revider of service						
ient information						
Name	Smith, John					
ID number	1					
Group number	14200					
ID number	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.

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 <u>Request to add</u> <u>a practitioner to your account</u> for online direct billing.

	Overvi	iew l		Reports	Resources	Your profile
				ABC He	alth Clinic	
Enter claim Enter detail						
atient informatio						
Name ID number Group number	Smith, John 1234567-22 1					
Claim type 🕜 —						
	Provider of servi	ce Massa	age Therapist			
Claim details 🕜						
	Service date (YYYY-MM-D	-				
	Servi Total cost (se one - 🗸			
	Practitione			Practitioner		
		A	dd cl <u>a</u> im			
		Cancel	Predete	mine		

Add your practitioner	
Please fill in the required fields to a	d a provider
eneral information	
First name	
*Last name	
Lust hume	Include last name only
*Association/College number	
*Required fields	

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 details	
Error	
	ce 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
atient information	
Name Smth, 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 Arid Practitioner
	Practitioner Details
	Add cl <u>a</u> im
_	Cancel Predetermine
	SS®
	SS®
	88°
	SS ®
Add your practitioner Please fill in the required fields to add a provide	
Add your practitioner Please fill in the required fields to add a provide Error	er :
Add your practitioner Please fill in the required fields to add a provide Error We are unable to locate your information or	
Add your practitioner Please fill in the required fields to add a provide Error We are unable to locate your information of representative at (780)-498-8083 (Edmontor	er n our provider file. Please contact an Alberta Blue Cross
Add your practitioner Please fill in the required fields to add a provide Error We are unable to locate your information or	er n our provider file. Please contact an Alberta Blue Cross
Add your practitioner Please fill in the required fields to add a provide Error We are unable to locate your information of representative at (780)-498-8083 (Edmontor	er n our provider file. Please contact an Alberta Blue Cross
Add your practitioner Add your practitioner Please fill in the required fields to add a provide Error We are unable to locate your information or representative at (780)-498-8083 (Edmontor General information First name	er n our provider file. Please contact an Alberta Blue Cross
Add your practitioner Add your practitioner Please fill in the required fields to add a provide Error We are unable to locate your information or representative at (780)-498-8083 (Edmontor General information First name *Last name test	ar n our provider file. Please contact an Alberta Blue Cross on & areas), toll-free in other areas of Canada 1-800-588-1195
Add your practitioner Add your practitioner Please fill in the required fields to add a provide Error We are unable to locate your information or representative at (780)-498-8083 (Edmontor General information First name *Last name test *Include la	er n our provider file. Please contact an Alberta Blue Cross
Add your practitioner Add your practitioner Please fill in the required fields to add a provide Error We are unable to locate your information or representative at (780)-498-8083 (Edmontor General information First name *Last name test	ar n our provider file. Please contact an Alberta Blue Cross on & areas), toll-free in other areas of Canada 1-800-588-1195
Add your practitioner Add your practitioner Please fill in the required fields to add a provide Error We are unable to locate your information or representative at (780)-498-8083 (Edmontor General information First name *Last name test *Include la *Association/College number 857	ar n our provider file. Please contact an Alberta Blue Cross on & areas), toll-free in other areas of Canada 1-800-588-1195
Add your practitioner Add your practitioner Please fill in the required fields to add a provide Error We are unable to locate your information or representative at (780)-498-8083 (Edmontor General information First name *Last name test *Include la	ar n our provider file. Please contact an Alberta Blue Cross on & areas), toll-free in other areas of Canada 1-800-588-1195
Add your practitioner Add your practitioner Please fill in the required fields to add a provide Error We are unable to locate your information or representative at (780)-498-8083 (Edmontor General information First name *Last name test *Include la *Association/College number 857	er n our provider file. Please contact an Alberta Blue Cross on & areas), toll-free in other areas of Canada 1-800-588-1195
Add your practitioner Add your practitioner Please fill in the required fields to add a provide Error We are unable to locate your information or representative at (780)-498-8083 (Edmontor General information First name *Last name test *Include la *Association/College number 857	ar n our provider file. Please contact an Alberta Blue Cross on & areas), toll-free in other areas of Canada 1-800-588-1195

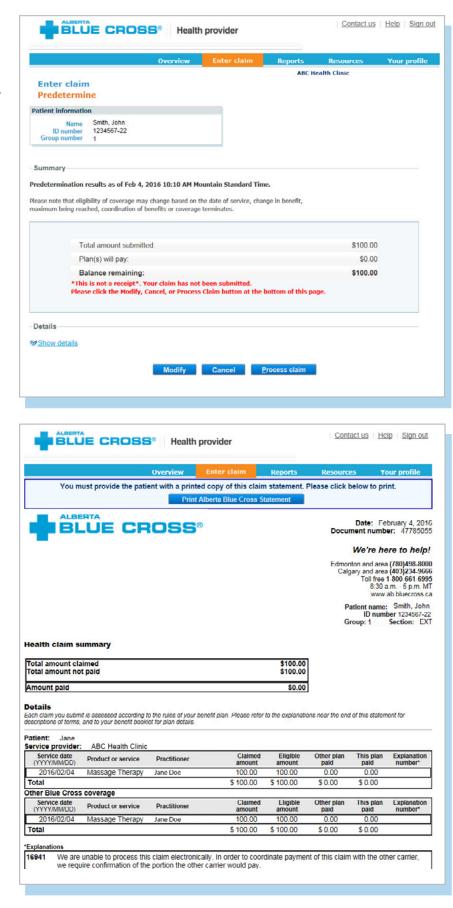
4b. Once the added practitioner is validated, you will be taken back to the *"Enter details"* screen. The added provider will now be selectable using the drop-down menu. Enter the claim details as required and click *"Add claim"*. If you have more claims to enter, continue entering them and verify details as they appear in the claim details table. Once complete, click *"Predetermine"*.

	Overvie	w Enter claim	Reports	Resources	Your profil
Enter clain Enter detail			ABC He	alth Clinic	
Patient information	'n				
Name ID number Group number	Smith, John 1234567-22 1				
Claim details 🕜	Provider of service Service date (YYYY-MM-DD)				
	Service date (1111141111-05) Service Total cost (\$	Massage Therapy 🗸			
	Practitioner	Choose one - Practitioner 1 Practitioner 2 Practitioner 3	Add Practitie	oner	
		Add claim			

	E CROS	S [®] Health	provider		Con	tact us He	lp Sign out
		Overview	Enter claim	Reports	Resourc	es Y	our profile
Enter claim Enter detail				ABCI	Health Clinic		
Patient informatio	n						
Name ID number Group number	Smith, John 1234567-22 1						
Claim type 🕜 —							
	Prov	der of service N	lassage Therapist				
Claim details 😗							
	Service date (Service - C Total cost (\$) Practitioner - C	ctitioner	dd Practitioner			
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> reda	termine			1

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.



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

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	Reports	Resources	Your profile
						ABC Health Clin
Enter claim						
Coordination of Be	enefits Info	ormation				
Patient information						
Name	Smith, John					
ID number Group number	1234567-22					
OB information 🕢						
-				\frown		
	eceive compara		n any other insurand rta Blue Cross Plan?		No	
Is the patient entitled to re company, h	ealth benefits					
company, h				. ()		
company, h If th e claim was submit	ted through an	other benefit car			No	
company, h If th e claim was submit	ted through an	other benefit car	rier or provincial pla amount to this plan?		No	

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			Rep	orts	Resources	Your profile
Enter claim Enter details						ABC H	ealth Clinic	
Patient information				1				
Name ID number Group number	Smith, John 1234567-22 1							
Claim type 🍘 — Claim details 👩		Provider of service	Massag	e Therapist				
Gaini detans 🥑	Service	date (YYYY-MM-DD) Service Total cost (\$) Other plan paid (\$) Practitioner	150 50 Jane Doe Practitione Details	Therapy 🗸		<u>Add</u> <u>Practiti</u>	oner	

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.

Add your practitioner		
Seneral information		
First name		
*Last name	test *Include last name only	
*Association/College number	857	
*Required fields		

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).

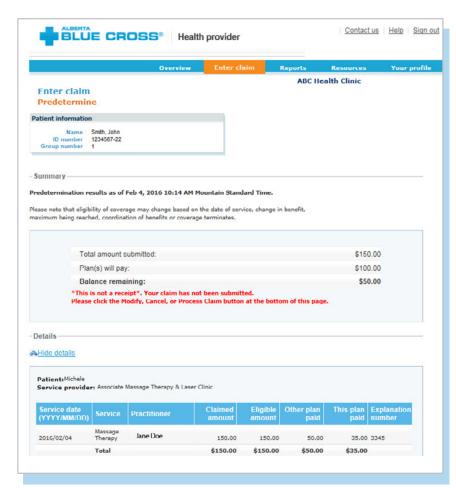
The provider was not valid on the date the servi 780)-498-8083 (Edmonton & areas), toll-free in tient information Name Smith, John ID number 1234567-22	ice was provided. Please contact an Alberta Blue Cross representative at n other areas of Canada 1-800-588-1195
tient information	n other areas of Canada 1-800-588-1195
Name Smith, John	
D number 1234567.22	
TO HOMOLI THE TOTAL	
Group number 1	
aim type 🕜	
Provider of service	Chiropractor
aım details 🝘	
	· · · · · · · · · · · · · · · · · · ·
Service date (YYYY-MM-DD)	
Service	
Total cost (\$)	Add
Practitioner	Practitioner Practitioner
	Practitioner Details
	Add cl <u>a</u> im
	Cancel Predetermine
Add your practitioner	
Please fill in the required fields to add a provide	ler
Error	
We are unable to locate your information o	on our provider file. Please contact an Alberta Blue Cross
representative at (780)-498-8083 (Edmonto	on & areas), toll-free in other areas of Canada 1-800-588-1195
O	
seneral mormation	
First name	
*Last name test	ast name only
	ar name only
*Association/College number 857	
*Association/College number 857	
Please fill in the required fields to add a provide Error We are unable to locate your information o representative at (780)-498-8083 (Edmonte General information First name *Last name test	on our provider file. Please contact an Alberta Blue Cross

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".

		Overview		Reports	Resourc	es Your	profil
				ABC	Health Clinic		
Enter claim Enter detail							
Patient informatio							
Name ID number Group number	Smith, John 1234567-22 1						
Claim type 🍘 —							
	Provid	ler of service	Massage Therapist				
Claim details 🕜							
	Other	Service - Total cost (\$) plan paid (\$) Practitioner -0	Choose one - V	Add Practitioner			
			Add claim				
Service date (YYYY-MM-DD)	Service	Total cost (6) 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.

BLU	ĴE CROSS	Health	n provider		Con	tact us He	<u>Siqn or</u>
		Overview	Enter claim	Reports	Resourc	es Y	our profile
You n	nust provide the patie		ted copy of this clai t Alberta Dlue Cross		Please click	below to pr	int.
		055	8		Docu	Date: Fe	bruary 4, 20 er: 477850
						We're he	ere to hel
						8:30 #	
					P	atient name ID num Group: 1	Smith, Joh ber 1234567- Section: 1
Total amount cl Other plan paid Total amount ne	aimed			\$150.00 \$50.00 \$0.00 \$100.00			
Total amount cl Other plan paid Total amount no Amount paid Details each claim you subn lescriptions of terms Datient: Smith, Ju	almed ot paid nrt is assessed according to , and to your benefit bookin ohn			\$50.00 \$0.00 \$100.00		d of this staten	nent for
Total amount cl Other plan paid Total amount no Amount paid Details each claim you subn lescriptions of terms Datient: Smith, Ji	almed ot paid nrt is assessed according to , and to your benefit bookin ohn			\$50.00 \$0.00 \$100.00		d of this staten This plan paid	
Total amount cl Other plan paid Total amount no Amount paid Details Esen clam you subn descriptions of terms Datient: Smith, J. Service providet Service date	almed of paid nit is assessed according to and to your benefit bookin ohn T. ABC Health Clinic	et for plan details.	Claimed	\$50.00 \$0.00 \$100.00 er to the explanation Elligible	ons near the end	This plan	Explanatio
Total amount ci Other plan paid Total amount no Amount paid Details each clam you subin seach plan you subin Service totas Service date CYYYY/MMDD) 2016/02/04	almed ot paid nit is assessed according to and to your benefit books ohn : ABC Health Clinic Product or service	et for plan details. Practitioner	Claimed amount	\$50.00 \$0.00 \$100.00 er to the explanation to the explanation Elligible amount	Other plan paid	This plan paid	Explanatio number*
Total amount cl Other plan paid Total amount no Amount paid Details each claim you subn descriptions of terms Datient: Smith, J. Service date (YYYY/MM/DD) 2016/02/04 Total Dither Blue Cros	almed ot paid nit is assessed according to , and to your benefit books ohn :: ABC Health Clinic Product or service Massage Therapy	et for plan details. Practitioner	Claimed amount 150.00 \$ 150.00	\$50.00 \$0.00 \$100.00 ar to the explanation Eligible amount 150.00 \$ 150.00	Other plan paid 50.00 \$ 50.00	This plan paid 35.00 \$ 35.00	Explanatio number* 3345
Total amount cl Other plan paid Total amount no Amount paid Details each claim you subn Rescriptions of ferma Service of terms Service date (YYYY/MMDD) 2016/02/04 Total Dither Blue Cros Service date (YYYY/MMDD)	almed ot paid nit is assessed according to , and to your benefit books ohn :: ABC Health Clinic Product or service Massage Therapy	et for plan details. Practitioner	Claimed amount 150.00 \$ 150.00 Claimed amount	\$50.00 \$0.00 \$100.00 er to the explanab er to the explanab amount 150.00 \$ 150.00 \$ 150.00 • Eligible amount	Other plan paid 50.00	This plan paid 35.00 \$ 35.00 This plan paid	Explanatio number* 3345
Other plan paid Total amount n Amount paid Details Each claim you subn descriptions of terms Service provider Service atternovider CYCYT/MMDD 2016/02/04 Total Other Blue Cros Service date	almed ot paid nit is assessed according to a and to your benefit bookle ohn C: ABC Health Clinic Product or service Massage Therapy s coverage	et for plan details. Practitioner Jane Doe	Claimed amount 150.00 \$ 150.00 Claimed amount 150.00	\$50.00 \$0.00 \$100.00 ar to the explanation to the explanation amount 150.00 \$ 150.00 Eligible amount 150.00	Other plan paid 50.00 \$ 50.00 Other plan paid 50.00	This plan paid 35.00 \$ 35.00 This plan paid 30.00	Explanatio number* 3345 Explanatio
Total amount ci Other plan paid Total amount no Amount paid Details Each claim you subn descriptions of ferma Service of terms Service of the service CYTYYMMDD) 2016/02/04 Total Dither Blue Cros Service date CYTYYMMDD)	almed ot paid nit is assessed according to , and to your benefit books ohn :: ABC Health Clinic Product or service Massage Therapy s coverage Product or service	Practitioner	Claimed amount 150.00 \$ 150.00 Claimed amount	\$50.00 \$0.00 \$100.00 er to the explanab er to the explanab amount 150.00 \$ 150.00 \$ 150.00 • Eligible amount	Other plan paid 50.00 \$ 50.00 Other plan paid	This plan paid 35.00 \$ 35.00 This plan paid	Explanatio number* 3345 Explanatio number*
Total amount ci Other plan paid Total amount no Amount paid Details each claim you subn lescriptions of terms Patient: Smth, Ja Service provider Service date (YYYY/MM/DD) 2016/02/04 Total Dther Blue Cros Service date (YYYY/MM/DD) 2016/02/04 Total	almed bt paid ht is assessed according to , and to your benefit bookle ohn : ABC Health Clinic Product or service Massage Therapy Scoverage Product or service Massage Therapy	Practitioner	Claimed amount 150.00 \$ 150.00 Claimed amount 150.00 \$ 150.00	\$50.00 \$0.00 \$100.00 er to the explanation amount 150.00 \$150.00 \$150.00 \$150.00 \$150.00	Other plan paid 50.00 \$ 50.00 Other plan paid 50.00 \$ 50.00	This plan paid 35.00 \$ 35.00 This plan paid 30.00 \$ 30.00	Explanatio number* 3345 Explanatio number* 3345
Total amount ci Other plan paid Total amount ne Amount paid Details Each claim you subn Service provider Service date (YYYY/MM/DD) 2016/02/04 Total Dither Blue Cros Service date (YYYY/MM/DD)	almed bt paid ht is assessed according to , and to your benefit bookle obin * ABC Health Clinic Product or service Massage Therapy s coverage Product or service Massage Therapy s coverage Product or service	Practitioner Jane Doe Practitioner Jane Doe Practitioner Practitioner Practitioner	Claimed amount 150.00 \$ 150.00 Claimed amount 150.00 \$ 150.00 Claimed amount	\$50.00 \$0.00 \$100.00 er to the explanab Eligible amount 150.00 \$150.00 \$150.00 \$150.00 \$150.00	Other plan paid 50.00 \$ 50.00 Other plan paid 50.00 \$ 50.00 Other plan paid	This plan paid 35.00 \$ 35.00 This plan paid 30.00 \$ 30.00 This plan paid	Explanatio number* 3345 Explanatio number* 3345 Explanatio number*
Total amount cl Other plan paid Total amount no Amount paid Details Each claim you subn descriptions of ferma Service providet Service providet Service date (YYYY/MMDD) 2016/02/04 Total Dther Blue Cros Service date Other Blue Cros Service date	almed bt paid ht is assessed according to , and to your benefit bookle ohn : ABC Health Clinic Product or service Massage Therapy s coverage Product or service Massage Therapy s coverage	Practitioner Jane Doe Practitioner Jane Doe Jane Doe	Claimed amount 150.00 \$ 150.00 Claimed amount 150.00 \$ 150.00 Claimed	\$50.00 \$0.00 \$100.00 er to the explanab er to the explanab to the explanab er to the explanab to the explanab er to the explanab to the explanab er to the explanab er to the explanab to the explanab er to the explanab er to the explanab to the explanab er to the explanable amount 150.00 \$ 150.00 \$ 150.00 \$ 150.00	Other plan paid 50.00 \$ 50.00 Other plan paid 50.00 \$ 50.00 Other plan paid 50.00	This plan paid 35.00 \$ 35.00 This plan paid 30.00 \$ 30.00 This plan	Explanatio number* 3345 Explanatio number* 3345 Explanatio

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.	Overview Enter Claim Reports Contact us Help Sign out Overview Enter Claim Reports ABC Health Clinic
Outstanding payment report The outstanding payment report lists all transactions that are remaining to be paid and allows you to cancel a claim.	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
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.	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 • • • 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) 2016/05/31 **Please note: Only date ranges within the previous 6 months can be entered. Create report
Patient claim statements • This allows you to print a copy of the patient claim statements.	Patient claim statements Prind 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.

(
	ノ

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	<u>Cancel</u>
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	<u>Cancel</u>
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.



vice I ropractic Treatment ropractic Treatment ropractic Treatment vice I sintherapy essment sintherapy Treatment puncture Treatment sintherapy Treatment	Amount claimed(\$): 100.00 100.00 250.00 \$550.00 \$550.00 (250.00 85.00 95.75 125.00 120.00 123.00 \$548.75	Alberta Blue	Document number 47762909 47762909 47762909 47762885 0 0 0 0 47762953 47762953 47762529 47762529 47762529	Cancel Cancel Cancel Cancel Cancel Cancel Cancel Cancel Cancel Cancel Cancel Cancel
vice • siotherapy Treatment siotherapy Treatment siotherapy Treatment	claimed(\$): 100.00 100.00 250.00 \$550.00 \$550.00 \$550.00 \$550.00 \$550.00 121.00 123.00	Cross paid(\$): 100.00 100.00 0.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00	number 47762909 47762909 47762805 47762885 0 0 0 47762953 47762953 47762529 47762529	claim Gancel Cancel Cancel Cancel claim Cancel Cancel Cancel Cancel Cancel
vice • siotherapy Treatment siotherapy Treatment siotherapy Treatment	claimed(\$): 100.00 100.00 250.00 \$550.00 \$550.00 \$550.00 \$550.00 \$550.00 121.00 123.00	Cross paid(\$): 100.00 100.00 0.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00	number 47762909 47762909 47762805 47762885 0 0 0 47762953 47762953 47762529 47762529	claim Gancel Cancel Cancel Cancel claim Cancel Cancel Cancel Cancel Cancel
vice • siotherapy Treatment siotherapy Treatment siotherapy Treatment	claimed(\$): 100.00 100.00 250.00 \$550.00 \$550.00 \$550.00 \$550.00 \$550.00 121.00 123.00	Cross paid(\$): 100.00 100.00 0.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00	number 47762909 47762909 47762805 47762885 0 0 0 47762953 47762953 47762529 47762529	claim Gancel Cancel Cancel Cancel claim Cancel Cancel Cancel Cancel Cancel
vice + siotherapy essment siotherapy Treatment puncture Treatment	100.00 100.00 250.00 \$550.00 \$550.00 85.00 95.75 125.00 120.00 123.00	100.00 100.00 0.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 100.00	47762909 47762805 47762805	Cancel Cancel Cancel Cancel Cancel Cancel Cancel Cancel Cancel
vico I siotherapy essment siotherapy Treatment siotherapy Treatment puncture Treatment	100.00 250.00 \$550.00 Claimed(\$): 85.00 95.75 125.00 120.00 123.00	100.00 0.00 \$300.00 Alberta Blue Cross paid(\$); 85.00 95.75 125.00 0.00	47762909 47762885	Cancel Cancel Cancel claim Cancel Cancel Cancel Cancel
vico I siotherapy essment siotherapy Treatment siotherapy Treatment puncture Treatment	250 00 \$550.00 Amount claimed(\$): 85.00 95.75 125.00 120.00 123.00	0 00 \$300.00 Alberta Blue Cross paid(\$); 85.00 95.75 125.00 0.00	47762885 Document number - 47762953 47762953 47762529 47762529	Cancel Cancel claim Cancel Cancel Cancel Cancel
vico I siotherapy essment siotherapy Treatment siotherapy Treatment puncture Treatment	\$550.00 Amount claimed(\$); 85.00 95.75 125.00 120.00 123.00	\$300.00 Alberta Blue Cross paid(\$); 85.00 95.75 125.00 0.00	Document number - 47762953 47762953 47762529 47762529	Cancel claim Cancel Cancel Cancel Cancel
siotherapy essment siotherapy Treatment siotherapy Treatment puncture Treatment	Amount claimed(\$); 85.00 95.75 125.00 120.00 123.00	Alberta Blue Cross paid(\$); 85.00 95.75 125.00 0.00	number, 47762953 47762953 47762529 47762529	claim Cancel Cancel Cancel Cancel
siotherapy essment siotherapy Treatment siotherapy Treatment puncture Treatment	claimed(\$)+ 85.00 95.75 125.00 120.00 123.00	Cross paid(\$)+ 85.00 95.75 125.00 0.00	number, 47762953 47762953 47762529 47762529	claim Cancel Cancel Cancel Cancel
siotherapy essment siotherapy Treatment siotherapy Treatment puncture Treatment	claimed(\$)+ 85.00 95.75 125.00 120.00 123.00	Cross paid(\$)+ 85.00 95.75 125.00 0.00	number, 47762953 47762953 47762529 47762529	claim Cancel Cancel Cancel Cancel
essment siotherapy Treatment siotherapy Treatment puncture Treatment	95.75 125.00 120.00 123.00	95.75 125.00 0.00	47762953 47762529 47762529	Cancel Cancel Cancel
siotherapy Treatment puncture Treatment	125.00 120.00 123.00	125.00 0.00	47762529 47762529	Cancel Cancel
puncture Treatment	120.00 123.00	0.00	47762529	Cancel
	123.00			
siotherapy Treatment		123.00	47769690	
	\$548.75		41102323	Cancel
		\$428.75		
rvice¢	Amount claimed(\$)+	Alberta Blue Cross paid(\$)♦	Document number ,	Cancel claim
ssage Therapy	100.00	0.00	47762912	Cancel
	\$100.00	\$0.00		
clai	med(\$) Cr			
	sage Therapy An Clai \$1,	vices claimed(\$)+ isage Therapy 100.00 \$100.00 Amount A	Amount Alberta Blue Claimed(\$) Cross paid(\$) Amount Alberta Blue Claimed(\$) Cross paid(\$) \$1,198.75 \$728.75	Amount Alberta Blue Claimed(\$) Cross paid(\$) number. \$100.00 0.00 47762912 \$100.00 \$0.00

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.

ayment history report 🥹 -				
	Provider of service	Chiropractor		
To access your provide down menu. Payment Date 2016-05- 2018-05-	one	n slatement, sek	d the EFT payment	date from the below drop-
2010/00.		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: 341/3812 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 c	laimed	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	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

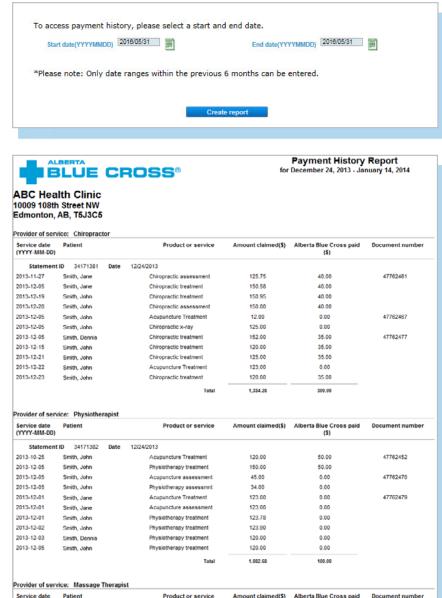
	780111222-11 Group. 99 Product or service	Section. T3T Claimed	Eligible	Percent	Other plan	This plan	Explanation
Service date YYYY/MM/DD	Product or service	amount	amount	covered	paid	paid	number
2010/05/19	Chiropractic treatment	33.00	33.00	100%	0.00	33.00	
Totals for Jo	ohn	\$33.00			\$0.00	\$33.00	
	e: Jane Smith					-	
	780111222-12 Group: 99	Section: TST					nent ID: 4778764
Service date YYYY/MM/DD	Product or service	Claimed amount	Eligible amount	Percent	Other plan paid	This plan paid	Explanation
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	312
Totals for Ja	ane	\$133.00			\$50.00	\$03.00	
	ne: Dennis Smith 780111222-13 Group: 99	Section: TST				Docum	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 D	ennis	\$34.00			\$0.00	\$34.00	
D number: Service	e: Jane Smith 2319584-52 Group: 14200 Product or service	Section: R Claimed	Eligible	Percent	Other plan	This plan	nent ID: 477876 Explanatio
date YYYY/MM/DD		amount	amount	covered	paid	paid	number
2016/05/01	Chiropractic treatment	130.00	110.00	100%	0.00	110.00	334
Totals for D	enise	\$130.00			\$0.00	\$110.00	
Explanation	ns						
See the number	bered explanations below for details o	of how your claims w	ere assessed. Mil	ore than one nun	nbered explanation	on may apply to a	claim line.
3345 344	Payment has been reduced as the m Days starting January 1. Payment has been reduced as the m occurrence. Our files indicate coordination of bene terminated, please indicate the termin	aximum amount allov efits apply. Please pl	wed for this servic rovide a statemer	e has been read	hed. The service ry carrier or if cov	is limited to \$110 verage is	
ligible amou xceeding the eimbursement nd/or co-payr	ing this statement - Terms and nt: This is the portion of the Claimed amount claimed) that is calculated to subject to the terms of your plan. It nent amounts if they apply. You are to not coverced by your planc(c). It is important to refer to your benefit it is more than the terms of your benefit it is more the term	amount (not be eligible for includes deductible responsible for the	paid for y individual combine amount in coverage statemen	our claim. Throu Is, couples or far their benefit cove n accoordance wit and have not cla	ugh coordination nilies with more t erage to receive h the contract pr aimed through it,	ter benefit plan h: of benefits (COB) han one benefit p up to the maximu ovisions. If you h you may submit r benefit carrier fo), eligible ilan can m eligible ave other this
lease note: letermine wha	a is covered.		coordinat	on or benefics.			

Part of your healthy future.

3b. Payment history

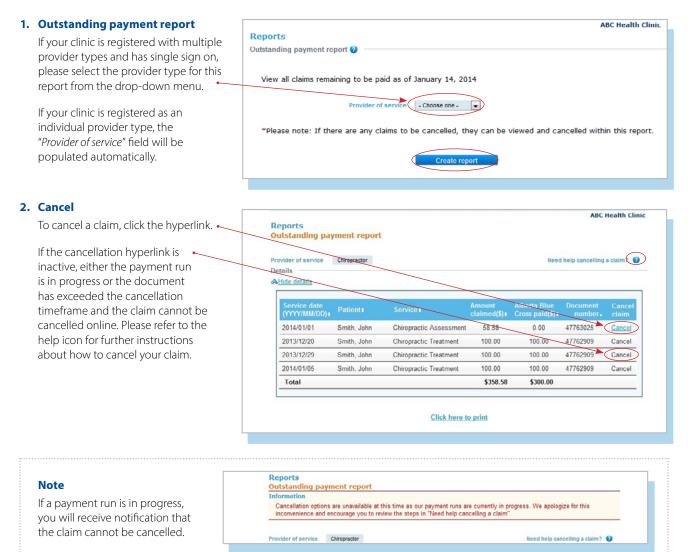
Enter a start and end date for the claim information you wish to display.

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.



(YYYY-MM-DD)	Patient		Product or service	Amount claimed(5)	Alberta Blue Cross paid (\$)	Document number
Statemen	t ID 34171383	Date	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	125.59	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	
2013-12-18	Smith, John		Massage therapy	450.00	50.00	
			Total	1,790.59	450.00	

EASY STEPS TO CANCEL 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

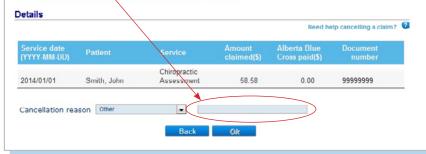
Please review claims listed below. Enter a cancellation reason and press the Ok button to submit for cancellation. If you too longer wish to cancel the claims listed below, press the Back button.





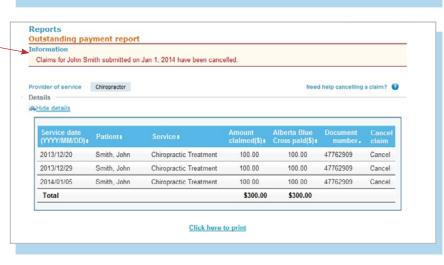
Cancellation Review

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 daims 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

1.	Patient claim statements	Contact us Help Sign out
	In the Reports section, click	BLUE CROSS [®] Health provider
	"Create a claim statement".	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 - Chouse one - 🗸
		To access your provider summary and claim statement, select the EFT payment date from the below drop down
		menu.
		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	BLUE CROSS Health provider
	number, date of birth, and click <i>"Search"</i> .	
	\sim	Overview Enter claim Reports Resources Your profile
		Jane Smith
		Reports
		Patient claim statements

note: Only claim sta

Enter patient(?)

atient within the last y

ID n

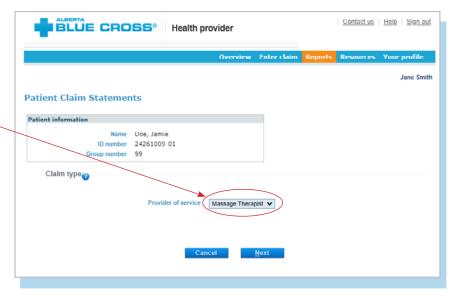
te of birth(YYYY-MI

will an

P

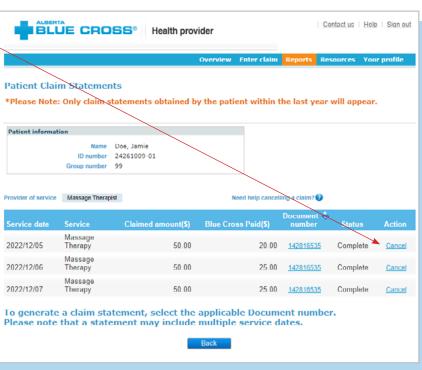
3. Claim type

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[®] Health provider rofile 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

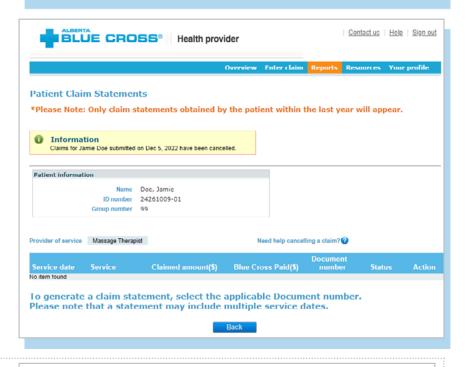
50.00

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.

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".

C Error

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

**The Blue Cross symbol and name are registered marks of the Canadian Association of Blue Cross Plans, an association of independent Blue Cross plans. Licensed to ABC Benefits Corporation for use in operating the Alberta Blue Cross Plan. *† Blue Shield is a registered trade-mark of the Blue Cross Blue Shield Association. BE22-007 / 83847 2023/01