



# SPEECH PATHOLOGY PROVIDER USER GUIDE

Online claims submission



# SPEECH PATHOLOGY 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 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 form and the Application for Direct Deposit of Funds form. Details about completing these forms can be accessed at [ab.bluecross.ca](http://ab.bluecross.ca).

Please mail or fax your completed forms to

**Health Provider Services, Alberta Blue Cross**  
10009 108 Street,  
Edmonton, Alberta  
T5J 3C5  
Fax: 780-498-3544

The Health Provider Services 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 at [provider.ab.bluecross.ca/health](http://provider.ab.bluecross.ca/health) and enter the login ID and password.

You will be asked to agree to the Web Site Policy and Online Billing Agreement, set up your two reminder questions and change your temporary password. This information will be used to verify your identity if you forget your password or require information about your account. Subsequent sign-ins will only require your login ID and password.

## Claiming online is quick, easy and secure!

After validating a patient's identity and predetermining 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.



### Help

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



# EASY STEPS TO SUBMIT AND PROCESS A CLAIM

## 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.

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

Claim details ?

Service date (YYYY-MM-DD)

Service

Total cost (\$)

Practitioner  [Add Practitioner](#)

[Practitioner Details](#)

**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.

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**



**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):  Service: Chiropractic treatment


Total cost (\$):

Practitioner: Practitioner 1 [Add Practitioner](#)

[Practitioner Details](#)

[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:  \*Include last name only

\*Association/College number:

**\*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

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): 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

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: - Choose one -

Total cost (\$):

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

[Practitioner Details](#)

**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.

The screenshot shows the 'Enter claim' page for a health provider. The 'Predetermine' section displays the following information:

| 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](#)

Buttons: **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.

The screenshot shows the 'Print Alberta Blue Cross Statement' page. It includes the following information:

**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 6995  
 8:30 a.m. - 5 p.m. MT  
 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**

|              |  |
|--------------|--|
| <b>16941</b> | 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.

The screenshot shows the 'Enter claim' page for a health provider. The page title is 'Enter claim' and the sub-header is 'Coordination of Benefits Information'. Under 'Patient information', the details are: Name: Smith, John; ID number: 1234567-22; Group number: 1. The 'COB information' section contains two questions, both with 'Yes' radio buttons selected and circled in red. The first question is 'Is the patient entitled to receive comparable benefits from any other insurance company, health benefits company or Alberta Blue Cross Plan?'. The second question is 'If the claim was submitted through another benefit carrier or provincial plan, would you like to submit the remaining amount to this plan?'. At the bottom are 'Cancel' and 'Next' buttons.

## 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.

The screenshot shows the 'Enter claim' page for a health provider, now on the 'Enter details' step. The page title is 'Enter claim' and the sub-header is 'Enter details'. Under 'Patient information', the details are: Name: Smith, John; ID number: 1234567-22; Group number: 1. The 'Claim type' is 'Message Therapist'. The 'Claim details' section includes: Service date (YYYY-MM-DD): 2016-02-04; Service: Message Therapy; Total cost (\$): 150; Other plan paid (\$): 50; Practitioner: Jane Doe. There are links for 'Add Practitioner' and 'Practitioner Details'. At the bottom are 'Cancel' and 'Predetermine' buttons.



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".

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

**Patient information**

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

Claim type: **Message 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.

**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:** Michèle  
**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.


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



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 6995  
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   |
| Amount paid           | \$100.00 |

**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: 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    | JaneDoe      | 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    | JaneDoe      | 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    | JaneDoe      | 150.00         | 150.00          | 50.00           | 35.00          | 3345                |
| <b>Total</b>              |                    |              | \$ 150.00      | \$ 150.00       | \$ 50.00        | \$ 35.00       |                     |

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

## 1. Predetermine rejects for PWO

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

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

Overview **Enter claim** Reports Resources Your profile  
ABC Provider

### Enter claim

#### Predetermine

**Patient information**

|              |             |
|--------------|-------------|
| Name         | Smith, John |
| ID number    | 4180647-52  |
| Group number | 70069       |

**Summary**

**Predetermination results as of Jul 31, 2018 10:41 AM Mountain Daylight 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:   | \$22.00        |
| Plan(s) will pay:         | \$0.00         |
| <b>Balance remaining:</b> | <b>\$22.00</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**

[Hide details](#)

**Patient:** John  
**Service provider:** ABC Provider

| Service date (YYYY/MM/DD) | Service                  | Practitioner     | Claimed amount | Fligible amount | Other plan paid | This plan paid | Explanation number |
|---------------------------|--------------------------|------------------|----------------|-----------------|-----------------|----------------|--------------------|
| 2018/07/01                | Speech Therapy Treatment | ABC Practitioner | 22.00          | 0.00            | 0.00            | 0.00           | 25131              |
| <b>Total</b>              |                          |                  | <b>\$22.00</b> | <b>\$0.00</b>   | <b>\$0.00</b>   | <b>\$0.00</b>  |                    |

**Explanations**  
25131  
This member's benefit plan requires a physician's written order for this service. For this claim, please have the member pay and submit the paid receipt, fully completed claim form, and a physician's written order to our office for reimbursement. Subsequent claims for the next 12 months can be submitted electronically.  
[Click here to print](#)

**Modify** **Cancel** **Upload documents** **Process claim**

## 2. Adding the PWO

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

**Note**

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

**Enter claim**

### Upload documents

**Patient information**

|              |             |
|--------------|-------------|
| Name         | Smith, John |
| ID number    | 4180647-52  |
| Group number | 70069       |

**Supporting documentation**

Use this functionality to send files or documents to Alberta Blue Cross.

Product or service:

Issue date (YYYY-MM-DD):

File:  [Browse...](#)

**Add**

| File                  | Product | Issue Date (YYYY-MM-DD) |
|-----------------------|---------|-------------------------|
| No documents uploaded |         |                         |



### 3. Uploading the PWO

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

The screenshot shows the 'Enter claim' page with the following details:

- Page Header:** ALBERTA BLUE CROSS Health provider | Contact us | Help | Sign out
- Navigation:** Overview | Enter claim | Reports | Resources | Your profile
- Section:** Enter claim - Upload documents
- Patient information:** Name: Smith, John; ID number: 4180647-52; Group number: 70009
- Supporting documentation:**
  - Product or service: - Choose one -
  - Issue date (YYYY-MM-DD): [input field]
  - File: [input field] Browse
  - Add button
- Table:**

| File           | Product                  | Issue Date (YYYY-MM-DD) | Modify                 | Remove                 |
|----------------|--------------------------|-------------------------|------------------------|------------------------|
| Sample JPG.jpg | Speech Therapy Treatment | 2018-07-01              | <a href="#">Modify</a> | <a href="#">Remove</a> |
- Buttons:** Modify claim | Cancel upload | Upload

### 4. Submitting the claim

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

To review your claim history, please see next page.

The screenshot shows the 'Enter claim' page with the following details:

- Page Header:** ALBERTA BLUE CROSS Health provider | Contact us | Help | Sign out
- Navigation:** Overview | Enter claim | Reports | Resources | Your profile
- Section:** Enter claim - Predetermine
- Patient information:** Name: Smith, John; ID number: 4180647-52; Group number: 70009
- Summary:**
  - Predetermination results as of Jul 24, 2018 11:34 AM Mountain Daylight 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.
- Summary Table:**

|                         |         |
|-------------------------|---------|
| Total amount submitted: | \$12.00 |
| Plan(s) will pay:       | \$12.00 |
| Balance remaining:      | \$0.00  |
- Warning:** \*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](#)
- Buttons:** Modify | Cancel | Process claim
- Footer:** © Copyright 2018 ABC Benefits Corporation. All rights reserved. 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.

# 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.

## 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.



| Service date (YYYY/MM/DD) | Patient     | Service                | Amount claimed(\$) | Alberta Blue Cross paid(\$) | Document number | Cancel claim |
|---------------------------|-------------|------------------------|--------------------|-----------------------------|-----------------|--------------|
| 2013/12/20                | Smith, John | Chiropractic Treatment | 100.00             | 100.00                      | 47762909        | Cancel       |
| 2013/12/29                | Smith, John | Chiropractic Treatment | 100.00             | 100.00                      | 47762909        | Cancel       |
| 2014/01/05                | Smith, John | Chiropractic Treatment | 100.00             | 100.00                      | 47762909        | Cancel       |
| 2014/01/01                | Lee, Mark   | Chiropractic Treatment | 250.00             | 0.00                        | 47762885        | Cancel       |
| <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>                 |                   |                        |

|                       |   |  |
|-----------------------|---|--|
| <b>Combined total</b> | <b>Amount claimed(\$)</b><br>\$1,198.75 | <b>Alberta Blue Cross paid(\$)</b><br>\$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: EFT choice only -  
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**

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

ARC HFAI TH CI INIC  
 10009 108 ST NW  
 EDMONTON AB T5J 3C5

**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                         | 78011222-11 | John Smith   | 33.00           | 33.00           |
| 47787649                         | 78011222-12 | John Smith   | 133.00          | 83.00           |
| 47787649                         | 78011222-13 | Jane Smith   | 34.00           | 34.00           |
| 47787653                         | 2319584-52  | Dennis Smith | 130.00          | 110.00          |
| <b>TOTALS FOR THIS STATEMENT</b> |             |              | <b>\$560.00</b> | <b>\$453.00</b> |

**Patient name:** John Smith  
 ID number: 78011222-11 Group: 99 Section: TST Document ID: 47707649

| Service date<br>YYYYMMDD | Product or service     | Claimed amount | Eligible amount | Percent covered | Other plan paid | This plan paid | Explanation number* |
|--------------------------|------------------------|----------------|-----------------|-----------------|-----------------|----------------|---------------------|
| 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: 78011222-12 Group: 99 Section: TST Document ID: 47787649

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

**Patient name:** Dennis Smith  
 ID number: 78011222-13 Group: 99 Section: TST Document ID: 47787649

| Service date<br>YYYYMMDD | Product or service     | Claimed amount | Eligible amount | Percent covered | Other plan paid | This plan paid | Explanation number* |
|--------------------------|------------------------|----------------|-----------------|-----------------|-----------------|----------------|---------------------|
| 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<br>YYYYMMDD | Product or service     | Claimed amount  | Eligible amount | Percent covered | Other plan paid | This plan paid  | Explanation number* |
|--------------------------|------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|---------------------|
| 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> |                     |

**\*Explanations**

|      |   |
|------|---|
| 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.**



**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)   End date(YYYYMMDD)

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

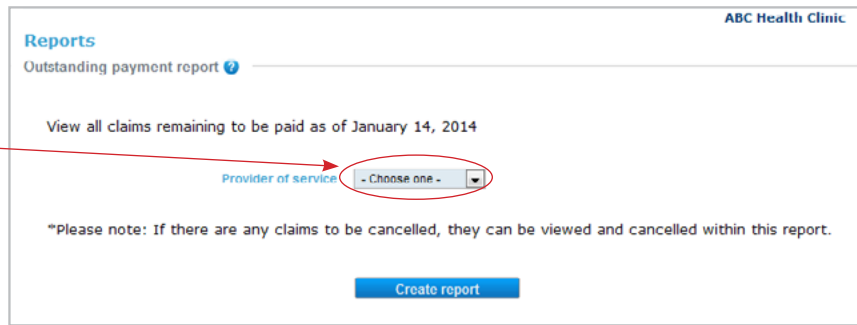
| ALBERTA BLUE CROSS®   |               | Payment History Report<br>for December 24, 2013 - January 14, 2014 |                    |                              |                 |
|---|---------------|--|--------------------|------------------------------|-----------------|
| <b>ABC Health Clinic</b><br>10009 108th Street NW<br>Edmonton, AB, T6J3C6 |               |  |                    |                              |                 |
| Provider of service: Chiropractor   |               |  |                    |                              |                 |
| Service date (YYYY-MM-DD)   | Patient       | Product or service   | Amount claimed(\$) | Alberta Blue Cross paid (\$) | Document number |
| Statement ID  | 34171381      | Date   | 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>1,354.28</b>    | <b>209.00</b>                |                 |
| Provider of service: Physiotherapist                                      |               |  |                    |                              |                 |
| Service date (YYYY-MM-DD)   | Patient       | Product or service   | Amount claimed(\$) | Alberta Blue Cross paid (\$) | Document number |
| Statement ID  | 34171382      | Date   | 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 |
| Statement ID  | 34171383      | Date   | 12/24/2013         |                              |                 |
| 2013-12-05  | Smith, John   | Massage therapy  | 125.00             | 50.00                        | 47762485        |
| 2013-12-10  | 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                        |                 |
| 2013-12-10  | Smith, John   | Massage therapy  | 450.00             | 50.00                        |                 |
| <b>Total</b>  |               |  | <b>1,790.59</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.

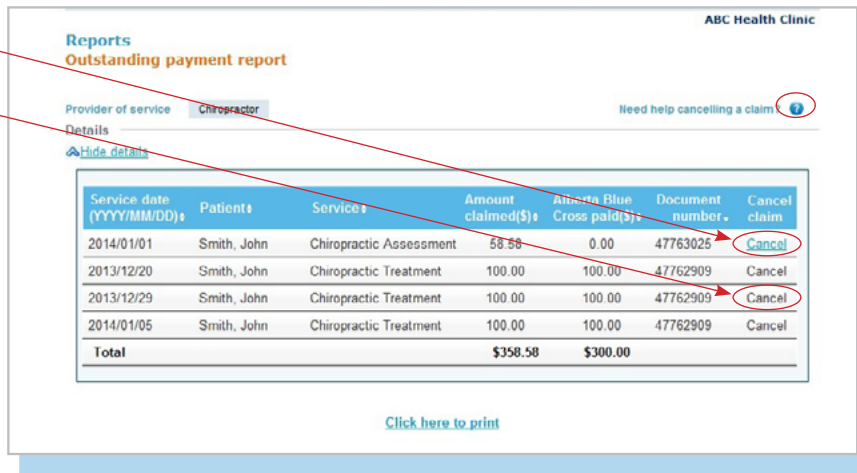
If your clinic is registered as an individual provider type, the "Provider of service" field will be populated automatically.



## 2. Cancel

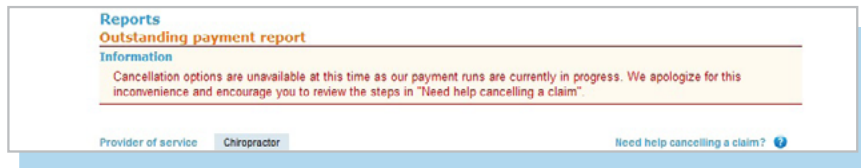
To cancel a claim, click the hyperlink.

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.



### Note

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



**3. Cancellation review**

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

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

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

**ALBERTA BLUE CROSS**

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

**Details** 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.

**Details** 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) | Patients    | 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](#)

# 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.



[provider.ab.bluecross.ca/health](http://provider.ab.bluecross.ca/health)

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