HOME CARE SERVICES USER GUIDE

Online claims submission

March 2022

provider.ab.bluecross.ca/health

HOME CARE SERVICES 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.

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. Details about completing this forms can be accessed 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. 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 at **provider.ab.bluecross.ca/health** and enter the login ID and password.

You will be asked to agree to the website policy and online billing agreement, set up your two reminder questions, provide your direct deposit information and change your temporary 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.



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 and group number.

For Client Directed Care Invoicing, the patient's ID number is their personal health number and their group number is 23720.

Note

If you're submitting a claim for a returning patient, you can enter their last and first name to resolve for the patient.

2. Enter details

Select a service and enter the total cost as well as the number of hours (up to two decimal points).

Note

Be sure to select the appropriate service that agrees with the credentials of the performing service provider.

	Overview	Enter claim	Reports	Resources	Your profile
				A	Iberta Home Care
nter Home Care Services claim					
Enter patient 🕜					
Enter a returning patient	Ente	er a new patien	t		
Note: patients who have not had a claim submitted in the last six months will have to be entered as a new					
patient.		ID numbe	H		
Enter patient name Last name, First name	Date of b	oirth(YYYY-MM-DE)		ß
			_		

		Overview	Enter claim	Reports	Resources	Your profile
						Alberta Home Care
nter claim						
nter details						
Patient information						
Name ID number Group number	Doe, Jamie 123000223 23720					
Claim type 🥑	Provider of service	Home Care Service:	1			
Claim details 📀						
Servi	ce date (YYYY-MM-DD) Service Number of hours Total cost (\$)	- Choose one - V				
		Add cl <u>a</u> im				

Note

If your claim cannot be processed electronically, please contact the Provider Relations Contact Center at 1-800-588-1195.

			Overview	Enter claim	Reports	Resources	Your profile
							Alberta Home Ca
nter claim							
nter details							
Patient information							
Na	me	Doe, Jamle					
ID num	ber	123000223					
		Provider of service	Home Care Service	^b			
Claim details 🕜							
	Service	ate (YYYY-MM-DD)		9			
		Service	- Choose one - 🔽	1			
		Number of hours	0				
		Total cost (S)					

ONLINE CLAIMS SUBMISSION

4. 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.

Note

Any outstanding balance remaining after claim adjudication may be billed to the member directly.

ntor Hor	no Coro Fornic	oc claim					Alberta Home Ca
redeterm	ine	ca claim					
atient infor	mation						
	Name	Doe, Jamie					
	ID number	123000223					
	Group number	23720					
Summary Predeterm Please note maximum b	ination results as of that eligibility of cover eing reached, coordina	Oct 22, 2021 11:47 age may change base tion of benefits or co	AM Mountain Dayl ed on the date of serv verage terminates.	ight Time. rice, change in b	enefit,		
Summary Predeterm Please note maximum b	ination results as of that eligibility of cover eling reached, coordina Total amount su	Oct 22, 2021 11:47 age may change bass tion of benefits or co Ibmitted:	AM Mountain Dayl ed on the date of serv verage terminates.	ight Time. vice, change in b	enefit,	\$100.	00
Summary Predeterm Please note maximum b	ination results as of that eligibility of cover- eling reached, coordina Total amount su Plan(s) will pay.	Oct 22, 2021 11:47 age may change bass tion of benefits or co ubmitted:	AM Mountain Dayl ed on the date of serv verage terminates.	ight Time. vice, change in b	enefit,	\$100. \$100.	00
Predeterm Please note maximum b	ination results as of that eligibility of cover eling reached, coordina Total amount su Plan(s) will pay: Balance remail	Oct 22, 2021 11:47 age may change bass tion of benefits or co ubmitted: ning:	Y AM Mountain Dayl ed on the date of serv verage terminates.	ight Time. vice, change in b	enefit,	\$100. \$100. \$0 .	00 00 00
Predeterm Please note maximum b	ination results as of that eligibility of cover eling reached, coordina Total amount su Plan(s) will pay, Balance remail *This is not a reco Please click the M	Oct 22, 2021 11:47 age may change bas- tion of benefits or co ubmitted: 	AM Mountain Dayl ed on the date of serv- verage terminates.	ight Time. rice, change in b ed. at the bottom	of this pag	\$100. \$100. \$0 .0	00 00 00
Predeterm Please note maximum b	ination results as of that eligibility of cover eling reached, coordina Total amount su Plan(s) will pay. Balance remu Please click the M	Oct 22, 2021 11:47 age may change bass tion of benefits or co ubmitted: ning: spt *. Your claim ha odify, Cancel, or Pr	2 AM Mountain Dayl ed on the date of serv verage terminates.	lght Time. ilce, change in b ed. at the bottom	enefit, of this pag	\$100. \$100. \$0.0	00 00 00
Predeterm Please note maximum b	ination results as of that eligibility of cover eling reached, coordina Total amount su Plan(s) will pay. Balance remail *This is not a rece Please click the M	Oct 22, 2021 11:47 age may change bass tion of benefits or co ubmitted: 	2 AM Mountain Dayl ed on the date of serv verage terminates.	ight Time. i(ce, change in b ed. at the bottom	enefit, of this pag	\$100. \$100. \$0. e.	00 00 00

5. 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.



EASY STEPS TO ACCESS REPORTS

1. Re	ports	
Thi	is screen allows you to pull	BLUE CROSS® Health provider
up	all claims waiting to be	Overview Enter claim Reports Resources Your profile
pai	d individual statements	Alberta Home Care
and	a individual statements.	Reports
Ou	itstanding payment report 🔶	- Outstanding payment report 🕑
The	e outstanding payment	View all claims remaining to be paid as of October 22, 2021
rep	port lists all transactions that	Provider of service Home Care Services
are	remaining to be paid and	
allo	ows you to cancel a claim.	*Please note: If there are any claims to be cancelled, they can be viewed and cancelled within this report
Pa	yment history report	Create report
On	ice the transactions have been	- Daumant history capact
pai	id, they will be removed from	
the	e "Outstanding payment report"	Provider of service Home Care Services
and	d will appear on the "Payment	
nisi	an issued you can view and	To access your provider summary and claim statement, select the EFT payment date from the below drop-down
nrii	nt the claims statement	menu.
pm		Payment Date - Choose one -
		Create summary
Pa	tient date	To access payment history, please select a start and end date.
Sel	ect a start and end date to	Start date (YYYYMMDD) 2021/04/22 1 2021/022 1 2021/022 1 2021/0/22 1 2021/0/22 1 2021/0/22 1 2021/0
vie	w a patient's payment history.	
		*Please note: Only date ranges within the previous 6 months can be entered.
		Create report
		- Patient claim statements 🍘
Pa	tient claim statements •	Find a patient and reproduce a Claim statement
Thi	is allows you to print a copy	*Please note: Only claim statements obtained by the natient within the last year will appear
of t	the patient claim statements.	r rease note. Only shall statements obtained by the patient mann the last year will appear.
		Create claim statement

	A Hide details
Note Sort: This is currently available	Service date Patient Service Service Service Alberta Blue Document Alberta Blue Auton
for outstanding payment	2021/10/01 Doe, Jamie Personal care 50.00 50.00 127680054 View Cancel 2021/10/04 Doe, Jamie Respite 50.00 50.00 127680054 View Cancel
statements. You can sort the	2021/10/08 Doe, Jamie Homemaking 50.00 50.00 127680054 View Cancel
column by clicking on the double-headed arrow, located	2021/10/22 Doe, Jamie Personal care 100.00 100.00 127680046 View Cancel Total \$250.00 <t< td=""></t<>
beside the column title.	Click here to print



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.

iew all claims re	maining to be pa	aid as of October 2	2, 2021			
	Provi	ider of service Horr	ne Care Services			
Please note: If t	here are any clai	ims to be cancelled	l, they can be viewed	and cancelle	d within this re	port.
	E CROS	S [®] Health p	rovider		Contact u	is <u>Help</u> <u>Sign</u>
-		-				
			Overview Ente	r claim – Rebo	rts Resource	25 Your profile
me Care Se	ervices Repo yment report	rts				Alberta Home C
ome Care Se Itstanding pay	ervices Repo yment report Home Care Se	rts			Need help can	Alberta Home C
ome Care Se Itstanding pay Provider of service - Details	ervices Repo yment report Home Care Se	rts rvices			Need help can	Alberta Home C
ome Care Se itstanding pay Provider of service - Details — A Hide details	wind the second	rvices			Need help can	Alberta Home C
ome Care Se Itstanding pay Provider of service - Details A Hide details Service date	Patient	rts arvices	Amount Albe claimed(\$)♥ Cros	rta Biue ∳ [s paid(\$) ∳ r	Need help can Document	Alberta Home C celling a claim? @
ome Care Se itstanding pay Provider of service - Details A Hide details Service date 2021/10/01	Patient Doe, Jamie	rts ervices Service Personal care	Amount Albe claimed(\$)♥ Cros 50 00	rta Biue s paid(\$) ♦ 1 50.00	Need help can Document number	Alberta Home C cetting a claim? @ Action View Cancel
Provider of service - Details A Hide details Service date 2021/10/01 2021/10/04	Patient Doe, Jamie Doe, Jamie	rts ervices Service Personal care Respite	Amount claimed(\$)♥ Cros 50.00 50.00	rta Biue s paid(\$) ♦ 1 50.00 50.00	Need help can Document number 127680054 127680054	Alberta Home C celling a claim? @ Action View Cancel View Cancel
Provider of service - Details - Details Service date 2021/10/01 2021/10/04 2021/10/08	Patient Doe, Jamie Doe, Jamie Doe, Jamie	rts ervices Service Personal care Respite Homemaking	Amount claimed(\$)	rta Blue s paid(\$) ♦ 1 50.00 50.00 50.00	Need help can Document humber 127680054 127680054 127680054	Alberta Home C celling a claim? (2) Action View Cancel View Cancel View Cancel
Provider of service - Details A Hide details Service date 2021/10/01 2021/10/08 2021/10/22	Patient Patient Doe, Jamie Doe, Jamie Doe, Jamie	rts rrvices Service Personal care Respite Homemaking Personal care	Amount claimed(\$)	rta Blue s paid(\$) ♦ 1 50.00 50.00 50.00 50.00 100.00	Need help can Document umber 127680054 127680054 127680054 127680046	Alberta Home C celling a claim? (? Action View Cancel View Cancel View Cancel View Cancel View Cancel
Provider of service - Details Hide details Service date 2021/10/01 2021/10/08 2021/10/22 Total	Patient Patient Patient Patient Patient Doe, Jamie Doe, Jamie Doe, Jamie Doe, Jamie	rts avices Service Personal care Respite Homemaking Personal care	Amount Albe claimed(\$) € Cros 50.00 50.00 50.00 100.00 \$250.00	rta Blue s paid(\$) \$ 50.00 50.00 50.00 100.00 \$250.00	Need help can Document 127680054 127680054 127680054 127680046	Alberta Home C celling a claim? () Action View Cancel View Cancel View Cancel

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 Home Care Services
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
To access payment history, please select a start and end date.
Start date (YYYYMMDD) 2021/04/22 End date (YYYYMMDD) 2021/10/22 Start date (YYYYMMDD) 2021/10/22 Start date (YYYYMMDD) 2021/10/22 Start date (YYYYMMDD) 2021/10/22 Start date (YYYYMMDD) 2021/10/22 Start date (YYYYMMDD) 2021/10/22 Start date (YYYYMMDD) 2021/10/22 Start date (YYYYMMDD) 2021/10/22 Start date (YYYYMMDD) 2021/10/22 Start date (YYYYMMDD) 2021/10/22 Start date (YYYYMMDD) 2021/10/22 Start date (YYYYMMDD) 2021/10/22 Start date (YYYYMMDD) 2021/10/22 Start date (YYYYMMDD) 2021/10/22 Start date (YYYYMMDD) 2021/10/22 Start date (YYYYMMDD) 2021/10/22 Start date (YYYYMMDD) 2021/10/22 Start date (YYYYMMDD) 2021/10/22 Start date (YYYYMMDD) 2021/10/22 Start date (YYYYMMDD) 2021/10/22 Start date (YYYYMDD) 2021/10/22 Star
10 and note: Only data ranges within the provision & menths can be entered
"Piease note. Only date ranges within the previous o months Can be entered,
Create report

3a. Provider statement and summary

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



PROVIDER SUMMARY

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

Health claim summary

	Total amoun Amount not	t claimed covered	\$560.00 \$107.00	
	Total amoun	t paid	\$453.00	
etails Document number	ID number	Patient name	Amount claim	ed Amount paid
47707500	4000000 48	lake Conth		00 07.00
47787508	4008023-10	John Smith	37	00 37.00
47787508	4008023-18	John Smith	37	00 37.00
17787608	1008023 10	Jane Smith	30	.00 30.00
47787002	4740091-49	Dennis Smith	80	00.08 00.00
47787649	780111222-11	John Smith	33	.00 33.00
47787649	780111222-12	John Smith	133	.00 83.00
47787649	780111222-13	Jane Smith	34	.00 34.00
47787653	2319584-52	Dennis Smith	130	.00 110.00
TOTAL & FOR THIS ST	TATEMENT		\$560	00 \$453.00

ID number.	780111222-11 Group. 99	Section. TST				Docum	ment ID: 4770764
Service date YYYY/MM/DD	Product or service	Claimed amount	Eligible amount	Percent covered	Other plan paid	This plan pald	Explanation number
2010/05/19	Personal Care	33.00	33.00	100%	0.00	33.00	
Totals for J	ohn	\$33.00			\$0.00	\$33.00	
Patient nan	e: Jane Smith						
D number:	780111222-12 Group: 99	Section: TST				Docum	nent ID: 4778764
Service date YYYY/MM/DD	Product or service	Claimed amount	Eligible amount	Percent	Other plan paid	This plan paid	Explanatio number
2016/05/19	Personal Care	33.00	33.00	100%	0.00	33.00	
2016/05/20	Homemaking	100.00	50.00	100%	50.00	50.00	312
Totals for J	ane	\$133.00			\$50.00	\$03.00	
Patient nan D number:	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	Explanation number
2016/05/19	Respite	34.00	34.00	100%	0.00	34.00	
Totals for D	ennis	\$34.00			\$0.00	\$34.00	
Patient nan	e: Jane Smith						
D number:	2319584-52 Group: 14200	Section: R				Docum	nent ID: 4778765
Service date	Product or service	Claimed amount	Eligible amount	Percent covered	Other plan paid	This plan paid	Explanation number
2018/05/01	Homemaking	130.00	110.00	100%	0.00	110.00	334
Totals for D	enise	\$130.00	110.00	100%	\$0.00	\$110.00	001
Explanatio	ns						
See the num	bered explanations below for details	of how your claims w	ere assessed Mi	ore than one nun	abered explanation	on may apply to a	cialm line.
3123	Payment has been reduced as the n Days starting January 1.	naximum amount allo	wed for this servic	e has been read	hed. The service	is limited to \$50 i	in 1
3345	Payment has been reduced as the n occurrence.	naximum amount allo	wed for this servic	e has been read	hed. The service	is limited to \$110) per
344	Our files indicate coordination of ber terminated, please indicate the term	nefits apply. Please p ination date. Resubm	rovide a statemen it this information	t from the prima with this Explan	ry carrier or if cov ation of Benefits	verage is statement.	
Understand Eligible amou exceeding the eimbursemen ind/or co-pay emaining oosi Please note: Jetermine what	ing this statement - Terms an int: This is the portion of the Claim amount claimed (bat is calculated to t subject to the terms of your plan (t we can be apply on the plan (it is amount to refer to your benefit at is covered.	d Explanations d amount (not b be eligible for tincludes deductble responsible for the tinformation to	Other pl. paid for y individua combine amount in coverage statemen coordinal	an paid: This is t your claim. Throo ls, couples or far their benefit cow n accordance wit e and have not cl it as part of the c tion of benefits.	he amount anoth ugh coordination nilies with more t arage to receive i h the contract pr aimed through it, laim to your othe	ter benefit plan h: of benefits (COB) han one benefit p up to the maximu ovisions. If you h you may submit i r benefit carrier fo	as already), eligible slan can m eligible save other this or
Private and payment and	confidential This statement is is is not to be shared with any thir	sued for use only b d party. If the patie	y the provider on trequires a sta	of service for pu	irposes of clain ing to a claim f	ns processing a for services pro	and vided,

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.



Service date (YYYY-MM-DD)	Patient	Product or service	Amount claimed(\$)	Alberta Blue Cross paid (\$)	Document number
Statement	t ID 34171383 Date	12/24/2013			
2013-12-05	Smith, John	Personal Care	125.00	50.00	47762465
2013-12-16	Smith, Jane	Homemaking	125.00	50.00	
2013-12-19	Smith, John	Personal Care	125.59	50.00	
2013-10-25	Smith, John	Personal Care	125.00	50.00	47762475
013-12-01	Smith, John	Homemaking	120.00	50.00	
013-12-03	Smith, Dennis	Homemaking	450.00	50.00	
013-12-04	Smith, John	Homemaking	120.00	50.00	
013-12-08	Smith, John	Personal Care	150.00	50.00	
013-12-18	Smith, John	Homemaking	450.00	50.00	
		Total	1,790.59	450.00	

EASY STEPS TO CANCEL A CLAIM

1. Outstanding payment report

The "Provider of service" field will be • populated automatically. Click on "Create a report" to create a report.

 Outstanding payment r 	eport 🕜	
View all claims remaining	to be paid as of October 22, 2021	
	Provider of service Home Care Services	>
*Please note: If there are	any claims to be cancelled, they can be	viewed and cancelled within this report.
	Canada annard	_
	Create report	-

2. Cancel

To cancel a claim, click the hyperlink.

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



Note

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

Reports Outstanding payment report

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

Provider of service Chiropractor

Need help cancelling a claim? 🔞

Strander-

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.

longer wish	to cancel the claims list	ed below, press the Ba	ck button.		
Details					
				Need help cance	elling a claim? 🚱
ervic date	Patient	Service	Amount claimed(\$)	Alberta Blue Cross paid(\$)	Document number
021/10/22	Doe, Jamie	Personal care	100.00	100.00	127680046

https://appextuat.ab.blue

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



4. Cancellation

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

			Overview	Enter claim Rep	orts Resource	es Your profile
						Alberta Home Ca
me Care So	ervices Repo	orts				
tstanding pa	yment report					
Informatio	on					
Claims for Jami	e Doe submitted on	Oct 22, 2021 have been	cancelled.			
Provider of service	Home Care S	ervices			Need help can	celling a claim? 🔞
Provider of service	Home Care S	ervices			Need help can	celling a claim? 🕜
- Details -	Home Care S	ervices			Need help can	celling a claim? 🕜
- Details	Home Care S	ervices			Need help can	celling a claim? 🕢
Details Hide details	Home Care S	ervices			Need help can	celling a claim? 🕢
Orovider of service Orovider of service Hide details Service date YYYYMM/DD	Home Care S	Service	Amount claimed(\$)	Alberta Blue Cross paid(\$)	Need help can	Action
- Details - Details - Hide details Service date YYYY/MM/DD 2021/10/01	Home Care S Patient Doe, Jamie	Service Personal care	Amount claimed(\$) 50.00	Alberta Blue Cross paid(\$) 50.00	Need help can Document number 127680054	Action View Cancel
- Details - Details - Details - Hide details Service date YYYY/MM/DD 2021/10/01 2021/10/04	Patient Doe, Jamie Doe, Jamie	Service Personal care Respite	Amount claimed(\$) 50.00 50.00	Alberta Blue Cross paid(\$) 50.00 50.00	Need help can Document number 127680054 127680054	Action View Cancel
- Details	 Home Care S Patient Doe, Jamie Doe, Jamie Doe, Jamie 	Service Personal care Respite Homemaking	Amount claimed(\$) 50.00 50.00 50.00	Alberta Blue Cross paid(\$) 50.00 50.00 50.00	Need help can Document number 127680054 127680054 127680054	Action View Cancel View Cancel View Cancel
- Details	Patient Doe, Jamie Doe, Jamie Doe, Jamie	Service Personal care Respite Homemaking	Amount claimed(\$) 50.00 50.00 \$160.00	Alberta Blue Cross paid(\$) 50.00 50.00 \$150.00	Need help can Document number 127680054 127680054	Action View Cancel View Cancel

TECHNICAL INFORMATION

Using the health services provider site, an Internet connection and your browser, you can submit claims online at your convenience. Most computer systems today have everything required to use this website successfully.

We're serious about privacy and security

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

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

CONTACT US

For more information about access to the health services provider site, contact Alberta Blue Cross Health Provider Service Relations at

- 780-498-8083 (Edmonton and area),
- toll free at 1-800-588-1195 (all other areas), or
- email at healthing@ab.bluecross.ca.

The online claims submission system is available Monday to Sunday, 8 a.m. to 9:30 p.m. Mountain Time.

Our regular office hours are Monday to Friday, 8:30 a.m. to 5 p.m. Mountain Time.





provider.ab.bluecross.ca/health

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