

Professional and Facility Management
10025 Jasper Avenue NW
PO Box 1360 Station Main
Edmonton AB T5J 1S6

For office use only

Alberta Health and Wellness registers practitioners for claim payment or patient referral purposes. Please refer to the last page of this form for a glossary of terms.

Section A - New practitioner registration

Register me as a Practitioner Referral Practitioner also register my Professional Corporation

Section B - Identification

Have you ever been registered with Alberta Health and Wellness? Yes No

Provide your Personal Health Number

OR

Provide your out-of-province health number *(if applicable)* Province

| | | |
|-----------|------------|-------------|
| Last name | First name | Middle name |
|-----------|------------|-------------|

| | |
|--|--|
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of birth |
| | <input style="width: 20px;" type="text"/> Year <input style="width: 20px;" type="text"/> Month <input style="width: 20px;" type="text"/> Day <input style="width: 20px;" type="text"/> |

| Business mailing address | | Residence mailing address | |
|--------------------------|-------------|---------------------------|-------------|
| | | | |
| City/Town | Province | City/Town | Province |
| Country | Postal code | Country | Postal code |
| Phone Area code | | Phone Area code | |
| () | | () | |
| Fax Area code | | Fax Area code | |
| () | | () | |

Complete only if registering a new Professional Corporation or new clinic. If registering a Professional Corporation, you must attach a copy of the Certificate of Incorporation as provided by your licensing body.

Section C - Organization information

Organization name

Business mailing address

Same as business mailing address in **Section B** or

| | | | |
|-----------|----------|---------|-------------|
| City/Town | Province | Country | Postal code |
|-----------|----------|---------|-------------|

| | |
|---------------------|----------------------|
| Phone Area code | Fax Area code |
| () | () |

A copy of your licence or letter from your licensing body must be attached. Special licence physicians must attach a copy of the Certificate of Agreement and Undertaking outlining the terms and conditions.

Section D - Education, professional association registration and specialties/certifications

| Degree granted | Graduation date Year Month Day | Institution name | Province/ State | Country |
|----------------|---|------------------|--------------------|---------|
| | | | | |
| | | | | |

College or association registered with _____

Date registered Year Month Day Licence number _____

Specialties and certifications obtained (*recognized in Alberta*) – **(A copy of your College/Association specialty letter must be attached.)**
(If more space is required, attach an additional page.)

_____ Year Month Day

_____ Year Month Day

Section E - Business arrangement (BA) information (see glossary)

BA effective date Year Month Day Fee for service Locum – medical only Alternate Relationship Plan (ARP)

Direct deposit or Chequing – **(attach a void cheque)**
 Savings – attach documentation from financial institution indicating bank, branch transit, and account number

Make payment to Me or My PC/clinic or name _____
Identifier _____

Send Statement of Assessment and Statement of Account to Me or My PC/clinic or name _____
Identifier _____

The Accredited Submitter for this BA is (*name and submitter prefix*) _____

Indicate which skill will be used on most claims _____

Section F - Business arrangement/service provider (BA/SP) relationship (see glossary)

Complete this section only if you are joining an existing BA.

Effective Year Month Day I will be joining BA Number _____

Indicate which skill will be used on most claims _____

"I, the Practitioner, assign to the Business Arrangement whatever benefits may be payable to me, from the Alberta Health Care Insurance Plan. This is in respect to claims I may make and for which I may be entitled, under this Business Agreement. I understand that benefits may be reassessed (increased or decreased) under the *Alberta Health Care Insurance Act*, including claims made prior to and during this assignment."

_____ ()
Service provider signature Phone number

_____ ()
BA contract holder signature/ARP authorized representative signature Phone number

_____ Date
BA contract holder name and position/title/ARP authorized representative name

Section G - Facility and functional centre information

Do not complete this section if you are practising in association with others and the facility has already been registered.

New facility number effective

| | | |
|------|-------|-----|
| Year | Month | Day |
| | | |

Facility name

Facility physical address (Provide a street address or a legal land description only. A post office box number is not a Facility physical site address.)

City/Town

Province

Postal code

Indicate the functional centre(s) in your facility

(Functional centres marked* require a copy of the College of Physicians and Surgeons of Alberta Accreditation Letter.)

Examination room

(Practitioner's office)

Clinical lab*

Diagnostic imaging*

Non-hospital surgical suite*

Other diagnostic lab*

Radiology oncology*

Electrodiagnosis*

Chiropractic use only

Will x-rays be provided at this site?

Yes No

If yes, provide written documentation from the Alberta College and Association of Chiropractors.

Section H - Authorization (This section must be completed before this form is considered valid.)

Practitioner's signature _____ Date _____

Return completed forms to Professional and Facility Management at the address on page 1, or fax to 780-422-3552. If you have any questions, call 780-422-1522 in Edmonton, or toll-free within Alberta at 310-0000, then 780-422-1522.

Information collected is used to enrol you for programs or benefits funded by Alberta Health and Wellness. It is collected under the authority of sections 20(b) and 27 of the *Health Information Act*. The confidentiality of this information and your privacy are protected by the provisions of the *Health Information Act* and the *Alberta Health Care Insurance Act*. If you require further information, contact Professional and Facility Management.

Glossary of Terms

- Accredited Submitter:** An organization or individual accredited by Alberta Health and Wellness to transmit electronic claims and retrieve results of transactions for practitioners.
- Alternate Relationship Plan:** A mechanism to remunerate health service providers in a manner other than the traditional fee-for-service method.
- Business Arrangement:** An agreement with Alberta Health and Wellness to establish the arrangement for the payment of health services provided. All practitioners registered with Alberta Health and Wellness must have or be part of a business arrangement in order to claim for services.
- Contract Holder:** A person, organization, or professional corporation entering into a business arrangement with Alberta Health and Wellness.
- Statement of Account:** A statement outlining the amount that Alberta Health and Wellness has released for payment based upon the claims assessed. Production of the statement is timed with the weekly payment cycle.
- Statement of Assessment:** A statement that details the assessment result of each claim submitted. Claims reduced, refused, or paid at zero will have an explanatory code.