

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

For office use only

A business arrangement is an agreement with Alberta Health and Wellness to establish the arrangement for payment of health services provided. All practitioners registered with Alberta Health and Wellness must have or be part of a BA in order to claim for services. A contract holder is a person, organization or professional corporation entering into a business arrangement with Alberta Health and Wellness.

**Section A - Identification, type and date of change**

The business arrangement contract holder is:

Practitioner identifier  -   
 or  
 Prof. Corp. or clinic ULI  -  Name \_\_\_\_\_

Effective  Year  Month  Day

Assign a new BA       Change information on an existing BA       End a BA

Business arrangement number to change or end  -

**Section B - Business arrangement information**

Business arrangement type       Fee for service       Locum – medical only       Alternate Relationship Plan (ARP)

Direct deposit to \_\_\_\_\_ 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

An Accredited Submitter is an organization or individual accredited by Alberta Health and Wellness to transmit electronic claims and retrieve results of transactions for practitioners.

The Accredited Submitter for this BA is (name and submitter prefix) \_\_\_\_\_

Suppress Statement of Assessment production       Yes       No  
 (If your accredited submitter provides this information, it may not be necessary to receive it from Alberta Health and Wellness.)

Indicate the skill that will be used on most claims \_\_\_\_\_

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

Practitioner's signature _____	(      ) Phone number
BA contract holder signature/ARP authorized representative signature _____	(      ) Phone number
BA contract holder name and position/title/ARP authorized representative name _____	_____ Date

Return completed forms to Professional and Facility Management at the address above, or fax to 780-422-3552. If you need assistance completing this form, please refer to your Resource Guide. If you need further assistance, 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.