

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

For office use only

A Business Arrangement to Service Provider Relationship form is used to add or change information on the relationship. A default skill (see section A) is the primary skill used by the practitioner. Practitioners with multiple skills can designate a default skill. When the skill field on a claim is left blank, the claim is automatically processed using the default skill. A Contract Holder (see section A and B) is a person, organization or professional corporation entering into a business arrangement with Alberta Health and Wellness.

**Section A - Type and date of change**

|  | Business Arrangement number  | Effective date   |  |       |  |   |     |  |  |  |  |   |  |      |  |  |       |  |  |     |
|--|--|--|--|-------|--|---|-----|--|--|--|--|---|--|------|--|--|-------|--|--|-----|
| <input type="checkbox"/> Add me to the business arrangement (BA) | <table border="1"><tr><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |       |  | - |     |  |  |  |  | <table border="1"><tr><td></td><td>Year</td><td></td><td></td><td>Month</td><td></td><td></td><td>Day</td></tr></table> |  | Year |  |  | Month |  |  | Day |
|  |  |  |  | -     |  |   |     |  |  |  |  |   |  |      |  |  |       |  |  |     |
|  | Year   |  |  | Month |  |   | Day |  |  |  |  |   |  |      |  |  |       |  |  |     |
| <input type="checkbox"/> Change my start date with this BA       | <table border="1"><tr><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |       |  | - |     |  |  |  |  | <table border="1"><tr><td></td><td>Year</td><td></td><td></td><td>Month</td><td></td><td></td><td>Day</td></tr></table> |  | Year |  |  | Month |  |  | Day |
|  |  |  |  | -     |  |   |     |  |  |  |  |   |  |      |  |  |       |  |  |     |
|  | Year   |  |  | Month |  |   | Day |  |  |  |  |   |  |      |  |  |       |  |  |     |
| <input type="checkbox"/> Change my BA default skill to _____     | <table border="1"><tr><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |       |  | - |     |  |  |  |  | <table border="1"><tr><td></td><td>Year</td><td></td><td></td><td>Month</td><td></td><td></td><td>Day</td></tr></table> |  | Year |  |  | Month |  |  | Day |
|  |  |  |  | -     |  |   |     |  |  |  |  |   |  |      |  |  |       |  |  |     |
|  | Year   |  |  | Month |  |   | Day |  |  |  |  |   |  |      |  |  |       |  |  |     |
| <input type="checkbox"/> End my relationship with the BA         | <table border="1"><tr><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |       |  | - |     |  |  |  |  | <table border="1"><tr><td></td><td>Year</td><td></td><td></td><td>Month</td><td></td><td></td><td>Day</td></tr></table> |  | Year |  |  | Month |  |  | Day |
|  |  |  |  | -     |  |   |     |  |  |  |  |   |  |      |  |  |       |  |  |     |
|  | Year   |  |  | Month |  |   | Day |  |  |  |  |   |  |      |  |  |       |  |  |     |
| BA contract holder name _____                                    |  |  |  |       |  |   |     |  |  |  |  |   |  |      |  |  |       |  |  |     |
| Practitioner name _____  |  | Practitioner ID <table border="1"><tr><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |       |  |   | -   |  |  |  |  |   |  |      |  |  |       |  |  |     |
|  |  |  |  | -     |  |   |     |  |  |  |  |   |  |      |  |  |       |  |  |     |
| Indicate the skill that will be used on most claims _____        |  |  |  |       |  |   |     |  |  |  |  |   |  |      |  |  |       |  |  |     |

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

"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."

|   |                           |
|---|---------------------------|
| Practitioner's signature _____  | (       )<br>Phone number |
| BA contract holder signature/ARP authorized representative signature _____          | (       )<br>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, 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.