

AADL MEDICAL SURGICAL AND BENCHMARK MOBILITY PROGRAM

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# AUTHORIZATION AND CLAIM USER GUIDE

*January 2023*



## ONLINE AUTHORIZATION AND CLAIM SUBMISSION

Convenient service, delivered through an easy-to-use, secure website

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

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# Introduction

*Alberta Blue Cross® is pleased to offer online authorization and claim submission for AADL Medical surgical and benchmark mobility benefits providers. This convenient service is delivered through an easy-to-use secure website and is available at no cost to medical surgical and benchmark mobility providers across Alberta. Online submission provides the convenience of direct billing for eligible services for your customers with coverage through the Alberta Aids to Daily Living program. You are assured of a prompt response directly from Alberta Blue Cross.*

*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 authorization and claim submission, you must complete the **request for secure website access** webform. Details about completing this form can be accessed through our public website at [ab.bluecross.ca](http://ab.bluecross.ca).

The Provider Services AADL 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 2 separate emails to the email address provided on your registration form. Once you have received both emails, you can begin serving your patients through online authorization and claim submissions.

## 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 Alberta Blue Cross AADL website at [provider.ab.bluecross.ca/health](http://provider.ab.bluecross.ca/health) and enter the login ID and password in the applicable fields. You will be asked to agree to the **website policy and online billing agreement**, set up your 2 "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.

If you want payments to be deposited directly into your bank account, please complete the banking information located under "Your profile" in the provider portal.

**Authorizing and claiming online is quick, easy and secure.** After validating a patient's identity and predetermining results, simply submit the authorization or claim for processing. Results are displayed within seconds of submission. The patient will be required to pay only the portion not covered under the AADL 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.

# Accessing the patient inquiry screen

**Step 1:** Navigate to the “Patient inquiry” menu option and enter the patient’s personal health number and birth date. Then click “Search”.

The screenshot shows the top navigation bar of the Alberta Blue Cross Health provider portal. The 'Patient inquiry' menu item is highlighted with a red circle. Below the navigation bar, the 'Patient inquiry' section is visible, featuring input fields for 'Personal health number' and 'Date of birth(YYYY-MM-DD)', and a 'Search' button also highlighted with a red circle.

**Step 2:** Confirm the patient’s information and address. To update the patient’s address, select “Update address”.

The screenshot displays the 'Patient inquiry' screen with patient information. The 'Update address' button is highlighted with a red circle. The patient information includes: Patient name: Jane Doe, Personal health number: 992997990, Date of birth(YYYY-MM-DD): 1995-06-05, Age category: Adult, Residential address: 10009 108 St NW, Edmonton, AB, T5J3C5, Canada, Mailing address, Phone number, Residency code: Private (Home/Apartment), and Care of.

**Step 3:** The patient inquiry screen will list

- the patient’s current AADL status, indicating if they are eligible for AADL benefits or if the coverage has ended; and
- the patient’s cost share status for the previous, current and future benefit year.

The screenshot shows the 'Status' section with 'Active' status. Below it, the 'AADL cost share status' section lists three benefit years ending 2020-06-30, 2021-06-30, and 2022-06-30, all with a 'Cost share' status. The 'Product consumption' section has three dropdown menus for 'Benefit type', 'Product category', and 'Product', all set to '- Please choose one -'. 'Clear' and 'Search' buttons are at the bottom.

**Step 4:** You can also search the patient's product consumption by selecting the benefit type, product category and product.

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Overview Patient inquiry Enter authorization Reports Resources Your profile

Medical Mobility Authorizer

### Patient inquiry

Patient information ⓘ

Patient name	Jane Doe	
Personal health number	992997990	
Date of birth(YYYY-MM-DD)	1995-08-05	
Age category	Adult	
Residential address	10009 108 St NW Edmonton, AB, T5J3C5 Canada	Mailing address
Phone number		Phone number
Residency code	Private (Home/Apartment)	
Care of		

[Update address](#)

Status ⓘ

Status	Active
--------	--------

AADL cost share status ⓘ

Benefit year ending 2022-06-30	Cost share
Benefit year ending 2023-06-30	Cost share

**Product consumption ⓘ**

Benefit type	- Please choose one - ▾
Product category	- Please choose one - ▾
Product	- Please choose one - ▾

[Clear](#) [Search](#)

# Submitting and processing an authorization

## Submitting a Benchmark Mobility Authorization

**Step 1:** Navigate to the “Enter authorization” menu option and enter the patient’s personal health number and birth date. Then click “Search”.

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Overview Patient inquiry **Enter authorization** Reports Resources Your profile

Benchmark Mobility Authorizer

### Enter authorization request

Enter patient \_\_\_\_\_

Personal health number

Date of birth(YYYY-MM-DD)

**Step 2:** Confirm the patient’s address. To update the patient’s address, select “Update”. If the information is correct and no updates are required, click “Next”. If a patient does not have an address in the system, you will be asked to update the patient’s address.

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Overview Patient inquiry **Enter authorization** Reports Resources Your profile

### Enter authorization request

**Confirm patient address**

Patient information	
Name	Jane Doe
Personal Health Number	992997990

Residential address ⓘ

Address 10009 108 St NW  
Edmonton, AB, T5J3C5  
Canada

Phone number \_\_\_\_\_

Residency code Private (Home/Apartment)

Care of \_\_\_\_\_

Mailing address ⓘ

Address \_\_\_\_\_

Phone number \_\_\_\_\_

**Step 3:** Select the benefit type, authorization type and practitioner for the authorization submission.

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Overview Patient inquiry **Enter authorization** Reports Resources Your profile

Benchmark Mobility Authorizer

### Enter authorization request

Enter details

**Patient information**

Name	Jane Doe
Personal Health Number	992997990

Authorization details ⓘ

Benefit type - Choose one -

Authorization type - Choose one -

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

[Practitioner Details](#)

Back Cancel Next

**Step 4:** You will be asked to answer questions to determine eligibility. All the questions that appear are mandatory and must be answered.

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Overview Patient inquiry **Enter authorization** Reports Resources Your profile

### Enter authorization request

Enter details

**Patient information**

Name	Jane Doe
Personal Health Number	992997990

Authorization details ⓘ

Benefit type Benchmark Mobility

Authorization type Small Bathing & Toileting Equipmen

Practitioner Medical Mobility Authorizer [Add Practitioner](#)

[Practitioner Details](#)

**Additional information** ⓘ

Patient confirms they do not have coverage under other sources of funding (NIHB, WCB, DVA, RCMP, Armed Forces, Corrections, MVAC), or private insurance that covers 100% of the benefit.  Yes  No

Authorizer has reviewed patient consumption history, active authorizations, and AADL approved product list limits, to confirm patient is eligible for the products and quantities listed.  Yes  No

Authorizer has confirmed that patient has no other benefits for bathing and/or toileting function.  Yes  No

Back Cancel Next

**Step 5:** As prompted, enter any additional details specific to the product selected.

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Overview Patient inquiry **Enter authorization** Reports Resources Your profile

Benchmark Mobility Authorizer

**Enter authorization request**

Enter details - Small Bathing & Toileting Equipment

**Patient information**

Name Jane Doe  
Personal Health Number 992997990

Additional details

Assessment date

Clinical rationale

Patient weight (lbs)

[Back](#) [Cancel](#) [Next](#)

**Step 6:** Once additional details have been provided, you can add provider comments that will be viewable by the vendor.

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Overview Patient inquiry **Enter authorization** Reports Resources Your profile

Benchmark Mobility Authorizer

**Enter authorization request**

Enter details - Small Bathing & Toileting Equipment

**Patient information**

Name Jane Doe  
Personal Health Number 992997990

Provider details

Provider comments (for display to vendor)

[Back](#) [Cancel](#) [Next](#)

**Step 7:** Enter the product details by selecting the product category and product. Depending on the product selected, you may have to enter the following details when applicable quantity, product end date, product manufacture, product model and body side.

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Overview Patient inquiry **Enter authorization** Reports Resources Your profile

Benchmark Mobility Authorizer

**Enter authorization request**

Enter details - Small Bathing & Toileting Equipment

**Patient information**

Name Jane Doe  
Personal Health Number 992997990

Provider details

Provider comments (for display to vendor)

**Product details**

Product category  Quantity

Product

[Add product](#)

[Back](#) [Cancel](#) [Next](#)



**Step 8:** When all the information is completed, select “Add product”. You’ll see the product appear in the summary table.

Repeat this step for each requested product.

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Overview Patient inquiry **Enter authorization** Reports Resources Your profile

### Enter authorization request

#### Enter details - Small Bathing & Toileting Equipment

**Patient information**

Name Jane Doe  
Personal Health Number 992997990

**Provider details**

Provider comments (for display to vendor)

**Product details**

Product category - Please choose one - Quantity 1  
Product - Please choose one -

Add product

Product	Quantity
B070 Transfer Tub Bench Authorization	1 <a href="#">Modify</a> <a href="#">Remove</a>

[Back](#) [Cancel](#) [Next](#)

**Step 9:** You will be provided with a list of documents required for the specific authorization being requested. Mandatory documents will be indicated with a red asterisk. Select each box and provide the corresponding documentation.

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Overview Patient inquiry **Enter authorization** Reports Resources Your profile

### Enter authorization request

#### Enter details - Small Bathing & Toileting Equipment

**Patient information**

Name Jane Doe  
Personal Health Number 992997990

**Documentation details**

Please select each supporting document in your possession and enter any corresponding values.  
\* denotes a mandatory supporting document

Other supporting document  
 Client Declaration Form \*

Comments

[Back](#) [Cancel](#) [Next](#)

**Step 10:** You will be asked to upload the documents you have selected. These can be added individually or in a single file, depending on your records.

Click **“Choose File”** and select the file. For each file, you have the option to add additional comments. Click **“Upload”** and the file will be added to the summary table. You have the option to remove any files that were mistakenly uploaded.

Once all files have been uploaded, click on **“Process authorization”** and confirm patient consent in the pop-up window. Click **“OK”** to proceed.

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Overview Patient inquiry **Enter authorization** Reports Resources Your profile

Benchmark Mobility Authorizer

### Upload supporting document

Supporting document required for further review

**Patient information**

Name	Jane Doe
Personal Health Number	992997990

Supporting documentation ⓘ

You have indicated that you have the following documents. Please upload them for further review.

- Client Declaration Form

File: **Choose File** No file chosen

Comment:

**Upload**

File	Comment	
<a href="#">Test Authorization.docx</a>		<b>Delete</b>

**Back** **Cancel** **Process authorization**

Message from webpage

?

I have a completed Client Declaration Form in my possession or I have notified the client that their personal information is being collected and used by Alberta Health for the purpose of obtaining an AADL benefit. The information on this form is being collected and used by Alberta Health pursuant to sections 20, 21 and 22 of the Health Information Act, sections 33 and 34 of the Freedom of Information and Protection of Privacy Act (FOIP) and the Alberta Aids to Daily Living and Extended Health Benefits Regulations. For concerns regarding the collection of personal information contact, Information and Training Coordinator, AADL Program, Alberta Health 780-427-0731 or TELUS House 13th Floor, 10020 100 Street NW, Edmonton, Alberta, T5J 0N3.

Alberta Blue Cross's privacy policy which governs our collection, use and disclosure of personal information (including personal health information) is available on our website at [www.ab.bluecross.ca](http://www.ab.bluecross.ca). If you have any questions about Alberta Blue Cross's privacy policy, please contact our Privacy Officer, Alberta Blue Cross, Blue Cross Place, 10009-108 Street, Edmonton, AB T5J 3C5. Ph: 780-498-7302

Press "OK" if you agree or "Cancel" to reconsider.

**OK** **Cancel**

**Step 11:** You will receive a confirmation from Alberta Blue Cross within seconds of your submission. This will indicate whether your authorization request has been approved, rejected or pending for further review.

A printable copy of the authorization results is available by clicking ***Print***.


Health provider
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Medical Mobility Authorizer

### Authorization results

**Authorization status**

**Patient name:** Jane Doe  
**PHN:** 992997990  
**Reference number:** 144225742  
**Authorization type:** Small Bathing & Toileting Equipment  
**Comments for vendor:**  
**Assessment date:** 2022-12-13  
**Practitioner name:** Medical Mobility Authorizer  
**Practitioner phone number:**  
**Practitioner email address:**

Product	Quantity	Manufacturer	Model	Effective date	Termination date	Status	Explanation number
B070 Transfer Tub Bench Authorization	1			2022-12-13	2023-12-12	Approved	
B800 Stationary Commode - Standard Authorization	1			2022-12-13	2023-12-12	Approved	

AADL funding is subject to the quantity, frequency and price maximums in the AADL Approved Product List. Products listed on an authorization may not be funded by AADL if they exceed program maximums.

The Authorizer is responsible to review client consumption history, active authorizations, and AADL approved product list limits, to confirm patient is eligible for the products and quantities listed.

A product is only eligible for AADL funding if it is listed on an approved authorization, active on the date the benefit is provided to the client. Authorizer must ensure the current authorization reflects all products the client requires, for this authorization type.

Print

## Submitting a Medical Surgical Authorization

**Step 1:** Navigate to the “Enter authorization” menu option and enter the patient’s personal health number and birth date. Then click “Search”.

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Overview Patient inquiry **Enter authorization** Reports Resources Your profile

Medical Mobility Authorizer

### Enter authorization request

Enter patient

Personal health number

Date of birth(YYYY-MM-DD)

**Step 2:** Confirm the patient’s address. To update the patient’s address, select “Update”. If the information is correct and no updates are required, click “Next”. If a patient does not have an address in the system, you will be asked to update the patient’s address.

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Overview Patient inquiry **Enter authorization** Reports Resources Your profile

Medical Mobility Authorizer

### Enter authorization request

**Confirm patient address**

**Patient information**

Name	Jane Doe
Personal Health Number	992997990

Residential address ?

Address 10009 108 St NW  
Edmonton, AB, T5J3C5  
Canada

Phone number

Residency code Private (Home/Apartment)

Care of

Mailing address ?

Address

Phone number

**Step 3:** Select the benefit type, authorization type and practitioner for the authorization submission.

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Overview Patient inquiry **Enter authorization** Reports Resources Your profile

Medical Mobility Authorizer

### Enter authorization request

**Enter details**

**Patient information**

Name	Jane Doe
Personal Health Number	992997990

Authorization details ?

Benefit type - Choose one -

Authorization type - Choose one -

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

[Practitioner Details](#)

Back Cancel Next

**Step 4:** You will be asked to answer questions to determine eligibility. All the questions that appear are mandatory and must be answered.

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Overview Patient inquiry **Enter authorization** Reports Resources Your profile

Medical Mobility Authorizer

### Enter authorization request

**Enter details**

**Patient information**

Name	Jane Doe
Personal Health Number	992997990

Authorization details ?

Benefit type Medical/Surgical

Authorization type Ostomy Supplies

Practitioner Medical Mobility Authorizer [Add Practitioner](#)

[Practitioner Details](#)

**Additional information ?**

Patient confirms they do not have coverage under other sources of funding (NIHB, WCB, DVA, RCMP, Armed Forces, Corrections, MVAC), or private insurance that covers 100% of the benefit.  Yes  No

Patient is palliative  Yes  No

The following must be confirmed:

Patient has one or more ostomy sites which are expected to remain in place for six months or more.

Supplies may not be authorized for fistula sites, except if authorizer has NSWOC designation and site is draining stool or urine.

Pediatric ostomy supplies may not be authorized for adult patients unless authorizer has NSWOC designation.

A prescription is required for Ostomy Hernia Belts unless authorizer has NSWOC designation (includes M041 Ostomy Hernia Belt Custom, M115 Ostomy Hernia Belt Customized Ready-Made, and M117 Ostomy Hernia Belt Extended Wear).

Quantities on Approved Product List are per ostomy/fistula site. Patients with two sites may be authorized for quantities up to twice the maximum per site. If patient has more than two sites, authorizer must contact Alberta Blue Cross Provider Support to authorize higher quantities.

Authorizer has reviewed patient consumption history, active authorizations, and AADL approved product list limits, to confirm patient is eligible for the products and quantities listed.

Authorization duration must be between 6 to 48 months.

Back Cancel Next

**Step 5:** As prompted, enter any additional details specific to the product selected.

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Overview Patient inquiry **Enter authorization** Reports Resources Your profile

Medical Mobility Authorizer

**Enter authorization request**

Enter details - Ostomy Supplies

**Patient information**

Name	Jane Doe
Personal Health Number	992997990

Additional details ?

Number of sites - Please choose one -

Back Cancel Next

**Step 6:** Once additional details have been provided, you can add provider comments that will be viewable by the vendor.

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Overview Patient inquiry **Enter authorization** Reports Resources Your profile

Medical Mobility Authorizer

**Enter authorization request**

Enter details - Ostomy Supplies

**Patient information**

Name	Jane Doe
Personal Health Number	992997990

Provider details ?

Provider comments (for display to vendor)

Product details ?

Product category - Please choose one - Quantity (per replacement period) 1

Product - Please choose one -

Product end date 2024-12-13

Add product

Back Cancel Next

**Step 7:** Enter the product details by selecting the product category and product. Depending on the product selected, you may have to enter the following details when applicable: quantity, product end date, product manufacture, product model and body side.

Provider details [?](#)

Provider comments (for display to vendor)

**Product details [?](#)**

Product category - Please choose one - Quantity (per replacement period)

Product - Please choose one -

Product end date

[Add product](#)

[Back](#) [Cancel](#) [Next](#)

**Step 8:** When all the information is completed, select “Add product”. You’ll see the product appear in the summary table. Repeat this step for each requested product.

Product details [?](#)

Product category - Please choose one - Quantity (per replacement period)

Product - Please choose one -

Product end date

[Add product](#)

Product	Quantity	Body side	Product end date
M001 One Piece Colostomy/Ileostomy Pouch Authorization	1		2024-12-13 <a href="#">Modify</a> <a href="#">Remove</a>

[Back](#) [Cancel](#) [Next](#)

**Step 9:** You’ll be provided with a list of documents required for the specific authorization being requested. Mandatory documents will be indicated with a red asterisk. Select each box and provide the corresponding documentation.

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Medical Mobility Authorizer

**Enter authorization request**

**Enter details - Ostomy Supplies**

**Patient information**

Name	Jane Doe
Personal Health Number	992997990

**Documentation details [?](#)**

Please select each supporting document in your possession and enter any corresponding values.  
\* denotes a mandatory supporting document

Prescription

Other supporting document

Client Declaration Form \*

Comments

[Back](#) [Cancel](#) [Next](#)

**Step 10:** You will be asked to upload the documents that you have selected. These can be added individually or in a single file, depending on your records.

Click **“Choose File”** and select the file. For each file, you have the option to add additional comments. Click **“Upload”** and the file will be added to the summary table. You have the option to remove any files which were mistakenly uploaded.

Once all files have been uploaded, click on **“Process authorization”** and confirm patient consent in the pop-up window. Click **“OK”** to proceed.

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Overview Patient inquiry **Enter authorization** Reports Resources Your profile

Medical Mobility Authorizer

### Upload supporting document

Supporting document required for further review

**Patient information**

Name	Jane Doe
Personal Health Number	992997990

Supporting documentation ?

You have indicated that you have the following documents. Please upload them for further review.

- Client Declaration Form

File: **Choose File** No file chosen

Comment:

**Upload**

File	Comment
<a href="#">Document.docx</a>	<input type="button" value="Delete"/>

**Back** **Cancel** **Process authorization**

Message from webpage

?

I have a completed Client Declaration Form in my possession or I have notified the client that their personal information is being collected and used by Alberta Health for the purpose of obtaining an AADL benefit. The information on this form is being collected and used by Alberta Health pursuant to sections 20, 21 and 22 of the Health Information Act, sections 33 and 34 of the Freedom of Information and Protection of Privacy Act (FOIP) and the Alberta Aids to Daily Living and Extended Health Benefits Regulations. For concerns regarding the collection of personal information contact, Information and Training Coordinator, AADL Program, Alberta Health 780-427-0731 or TELUS House 13th Floor, 10020 100 Street NW, Edmonton, Alberta, T5J 0N3.

Alberta Blue Cross's privacy policy which governs our collection, use and disclosure of personal information (including personal health information) is available on our website at [www.ab.bluecross.ca](http://www.ab.bluecross.ca). If you have any questions about Alberta Blue Cross's privacy policy, please contact our Privacy Officer, Alberta Blue Cross, Blue Cross Place, 10009-108 Street, Edmonton, AB T5J 3C5. Ph: 780-498-7302


Press "OK" if you agree or "Cancel" to reconsider.

**OK**



**Step 11:** You will receive a confirmation from Alberta Blue Cross within seconds of your submission. This will indicate whether your authorization request has been approved, rejected or pending for further review.

A printable copy of the authorization results is available by clicking *"Print"*.


Health provider
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Medical Mobility Authorizer

### Authorization results

**Authorization status**

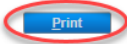
**Patient name:** Jane Doe  
**PHN:** 992997990  
**Reference number:** 144225746  
**Authorization type:** Ostomy Supplies  
**Comments for vendor:**  
**Practitioner name:** Medical Mobility Authorizer  
**Practitioner phone number:**  
**Practitioner email address:**

Product	Quantity	Body side	Effective date	Termination date	Status	Explanation number
M001 One Piece Colostomy/Ileostomy Pouch Authorization	1		2022-12-13	2024-12-12	Approved	

AADL funding is subject to the quantity, frequency and price maximums in the AADL Approved Product List. Products listed on an authorization may not be funded by AADL if they exceed program maximums.

The Authorizer is responsible to review client consumption history, active authorizations, and AADL approved product list limits, to confirm patient is eligible for the products and quantities listed.

A product is only eligible for AADL funding if it is listed on an approved authorization, active on the date the benefit is provided to the client. Authorizer must ensure the current authorization reflects all products the client requires, for this authorization type.



## Submitting a Quantity Frequency Review

**Step 1:** Navigate to the “Enter authorization” menu option and enter the patient’s personal health number and birth date. Then click “Search”.

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Overview Patient inquiry **Enter authorization** Reports Resources Your profile

Medical Mobility Authorizer

### Enter authorization request

Enter patient

Personal health number

Date of birth(YYYY-MM-DD)

**Step 2:** Confirm the patient’s address. To update the patient’s address, select “Update”. If the information is correct and no updates are required, click “Next”. If a patient does not have an address in the system, you will be asked to update the patient’s address.

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Overview Patient inquiry **Enter authorization** Reports Resources Your profile

Medical Mobility Authorizer

### Enter authorization request

Confirm patient address

Patient information	
Name	Jane Doe
Personal Health Number	992997990

Residential address ⓘ

Address 10009 108 St NW  
Edmonton, AB, T5J3C5  
Canada

Phone number

Residency code Private (Home/Apartment)

Care of

Mailing address ⓘ

Address

Phone number

**Step 3:** Select the benefit type, authorization type and practitioner for the authorization submission. Please note the benefit type should be set to *Quantity Frequency Review*.

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Overview Patient inquiry **Enter authorization** Reports Resources Your profile

Medical Mobility Authorizer

### Enter authorization request

Enter details

**Patient information**

Name Jane Doe  
Personal Health Number 992997990

Authorization details ⓘ

Benefit type Quantity and Frequency Review  
Authorization type Choose one -  
Practitioner Choose one - [Add Practitioner](#)  
[Practitioner Details](#)

Back Cancel Next

**Step 4:** You will be asked to answer questions to determine eligibility. All the questions that appear are mandatory and must be answered. You will also be required to provide a reason for the QFR request.

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Overview Patient inquiry **Enter authorization** Reports Resources Your profile

Medical Mobility Authorizer

### Enter authorization request

Enter details

**Patient information**

Name Jane Doe  
Personal Health Number 992997990

Authorization details ⓘ

Benefit type Quantity and Frequency Review  
Authorization type QFR - Medical Surgical  
Practitioner Medical Mobility Authorizer [Add Practitioner](#)  
[Practitioner Details](#)

**Additional information** ⓘ

Patient confirms they do not have coverage under other sources of funding (NIHB, WCB, DVA, RCMP, Armed Forces, Corrections, MVAC), or private insurance that covers 100% of the benefit.  Yes  No

Reason for QFR request

Significant change in clinical needs since the original authorization  
 Approved quantity does not meet clinical needs  
 Client can no longer use current benefit due to significant physical change (e.g. growth, weight change)

Back Cancel Next

**Step 5:** As prompted, enter additional details specific to the reason for the QFR request.

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

Overview Patient inquiry **Enter authorization** Reports Resources Your profile

Medical Mobility Authorizer

**Enter authorization request**

**Enter details - QFR - Medical Surgical**

**Patient information**

Name Jane Doe  
Personal Health Number 992997990

**Additional details**

Reason for QFR request

[Back](#) [Cancel](#) [Next](#)

**Step 6:** Once additional details have been provided, you can add provider comments that will be viewable by the vendor.

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

Overview Patient inquiry **Enter authorization** Reports Resources Your profile

Medical Mobility Authorizer

**Enter authorization request**

**Enter details - QFR - Medical Surgical**

**Patient information**

Name Jane Doe  
Personal Health Number 992997990

**Provider details**

Provider comments (for display to vendor)

**Product details**

Product category - Please choose one -  
Quantity (per replacement period) 1  
Product - Please choose one -  
Product end date

[Add product](#)

[Back](#) [Cancel](#) [Next](#)

**Step 7:** Enter the product details by selecting the product category and product. Depending on the product selected, you may have to enter the following details when applicable: quantity, product end date, product manufacture, product model and body side.

**Step 8:** When all the information is completed, select **"Add product"**. You'll see the product appear in the summary table. Repeat this step for each requested product.

Product	Quantity	Body side	Product end date	
J233 Lymphedema Gauntlet Authorization	1	Upper Right	2024-12-13	<a href="#">Modify</a> <a href="#">Remove</a>
J352 Thigh High Stocking with Waist Attachment Authorization	1		2024-12-13	<a href="#">Modify</a> <a href="#">Remove</a>

**Step 9:** If prompted, enter the supplemental product information specific to the products selected.

**Step 10:** You'll be provided with a list of documents required for the specific authorization being requested. Mandatory documents will be indicated with a red asterisk. Select each box and provide the corresponding documentation.

Please note that a completed QFR request form is a mandatory document.

**Step 11:** You will be asked to upload the documents that you have selected. These can be added individually or in a single file, depending on your records.

Click **“Choose File”** and select the file. For each file, you have the option to add additional comments. Click **“Upload”** and the file will be added to the summary table. You have the option to remove any files which were mistakenly uploaded.

Once all files have been uploaded, click on **“Process authorization”** and confirm patient consent in the pop-up window. Click **“OK”** to proceed.

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Overview Patient inquiry **Enter authorization** Reports Resources Your profile

Medical Mobility Authorizer

### Upload supporting document

Supporting document required for further review

**Patient information**

Name	Jane Doe
Personal Health Number	992997990

**Supporting documentation** ⓘ

You have indicated that you have the following documents. Please upload them for further review.

- QFR Request form
- Client Declaration Form

File **Choose File** No file chosen

Comment

**Upload**

File	Comment
<a href="#">Document.docx</a>	<a href="#">Delete</a>

**Back** **Cancel** **Process authorization**

Message from webpage

?

I have a completed Client Declaration Form in my possession or I have notified the client that their personal information is being collected and used by Alberta Health for the purpose of obtaining an AADL benefit. The information on this form is being collected and used by Alberta Health pursuant to sections 20, 21 and 22 of the Health Information Act, sections 33 and 34 of the Freedom of Information and Protection of Privacy Act (FOIP) and the Alberta Aids to Daily Living and Extended Health Benefits Regulations. For concerns regarding the collection of personal information contact, Information and Training Coordinator, AADL Program, Alberta Health 780-427-0731 or TELUS House 13th Floor, 10020 100 Street NW, Edmonton, Alberta, T5J 0N3.

Alberta Blue Cross's privacy policy which governs our collection, use and disclosure of personal information (including personal health information) is available on our website at [www.ab.bluecross.ca](http://www.ab.bluecross.ca). If you have any questions about Alberta Blue Cross's privacy policy, please contact our Privacy Officer, Alberta Blue Cross, Blue Cross Place, 10009-108 Street, Edmonton, AB T5J 3C5. Ph: 780-498-7302


Press "OK" if you agree or "Cancel" to reconsider.

**OK** **Cancel**

**Step 12:** You will receive a confirmation from Alberta Blue Cross within seconds of your submission. This will indicate that your QFR authorization request has been pended for further review. Please note these reviews are completed by AADL.

Once the review has been completed the authorization status will be updated on the provider portal and an e-mail notification will be sent out.

A printable copy of the authorization results is available by clicking ***"Print"***.


Health provider
| [Contact us](#) | [Help](#) | [Sign out](#)

---

Overview
Patient inquiry
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Medical Mobility Authorizer


### Authorization results

**QFR status : Under review**

**Patient name:** Jane Doe  
**PHN:** 992997990  
**Reference number:** 144225747  
**Authorization type:** QFR - Medical Surgical  
**Practitioner name:** Medical Mobility Authorizer  
**Practitioner phone number:**  
**Practitioner email address:**

Product	Quantity	Body side	Product end date	Status
J233 Lymphedema Gauntlet Authorization	1	Upper Right	2024-12-13	Under Review
J352 Thigh High Stocking with Waist Attachment Authorization	1		2024-12-13	Under Review

Your authorization request is now under review.



# Submitting and processing a claim

**Step 1:** Navigate to the “Enter claim” menu option and enter the patient’s personal health number and date of birth. Then click “Search”.

The screenshot shows the top navigation bar of the Alberta Blue Cross Health provider portal. The 'Enter claim' menu item is highlighted with a red circle. Below the navigation bar, the 'Enter claim' page is displayed with input fields for 'Personal health number' and 'Date of birth (YYYY-MM-DD)'. A 'Search' button is also circled in red.

**Step 2:** If you wish, you can add your invoice number.

Enter the claim details by selecting the appropriate benefit type, product category, product, date of service, quantity, total cost and body side (if applicable). Once you click “Add claim”, you will see the product appear in the summary table. Repeat these steps for each product being considered.

The screenshot shows the 'Enter details' section of the 'Enter claim' page. It includes a 'Patient information' box with fields for Name (Jane Doe) and Personal Health Number (992997990). Below this is an 'Invoice details' section with an 'Invoice number' field. The 'Claim details' section contains dropdown menus for 'Benefit type', 'Product category', and 'Product', along with input fields for 'Service date (YYYY-MM-DD)', 'Quantity' (set to 1), and 'Total cost(\$)'. The 'Add claim' button is circled in red.


Service Date	Product	Body side	Quantity	Total cost(\$)	
2021-04-20	Transfer Tub Bench		1.00	150.00	<a href="#">Modify</a> <a href="#">Remove</a>
				\$150.00	



**Step 3:** When you are satisfied with the details you have entered, click on **“Predetermine”**.

Service Date	Product	Body side	Quantity	Total cost(\$)	
2021-04-28	Transfer Tub Bench		1.00	150.00	<a href="#">Modify</a> <a href="#">Remove</a>
				<b>\$150.00</b>	

**Step 4:** Predetermine is a simple inquiry into the patient’s AADL benefit plan to determine available coverage. 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.


Health provider
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---

Overview
Patient inquiry
Enter claim
Reports
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Medical Surgical and Benchmark Mobility Vendor

### Enter claim

**Predetermine**

**Patient information**

Name	Jane Doe
Personal Health Number	992997990

Summary

Predetermination results as of Apr 26, 2021 4:06:56 PM MDT 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 amounts submitted:	\$150.00
AADL will pay:	\$112.50
<b>Patient will pay:</b>	<b>\$37.50</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: Jane Doe

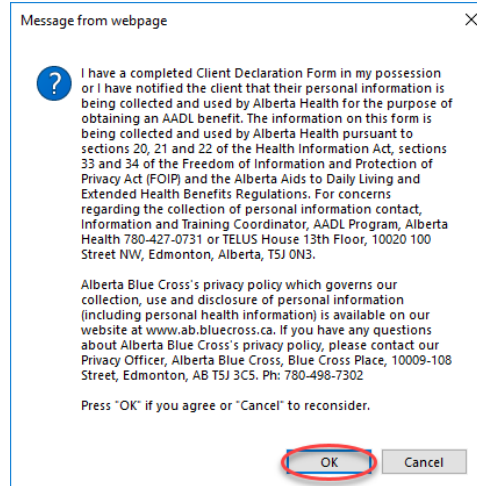
Service provider: Medical Surgical and Benchmark Mobility Vendor

Service date (YYYY/MM/DD)	Product	Claimed amount	AADL contribution	Patient cost share portion	Patient upgrade charge	Explanation number
2021/04/28	Transfer Tub Bench	150.00	112.50	37.50	0.00	
<b>Total</b>		<b>\$150.00</b>	<b>\$112.50</b>	<b>\$37.50</b>	<b>\$0.00</b>	

Explanations

[Click here to print](#)

**Step 5:** Confirm patient consent in the pop-up window. Click **“OK”** to proceed.



**Step 6:** Once you process the claim, you will receive a confirmation from Alberta Blue Cross within seconds of your submission.

A printable copy of the patient’s *Claim Statement* displays. Click **“Print”**. You must provide the patient with a printed copy of the claim statement.

**Health claim summary**

Total amount claimed	\$150.00
AADL will pay	\$112.50
Patient will pay	\$37.50

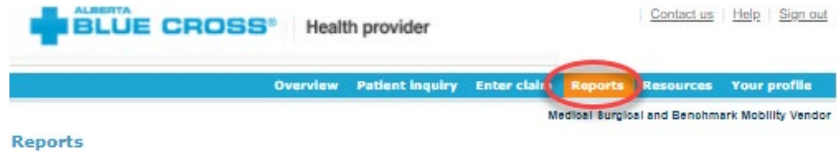
**Details**  
 Each claim you submit is assessed according to the benefit rules under the Alberta Aids to Daily Living Program.  
 Patient: Jane  
 Provider: Medical Surgical and Benchmark Mobility Vendor

Service date (YYYY/MM/DD)	Product or service	Claimed amount	AADL contribution	Patient cost share portion	Patient upgrade charge	Explanation number*
2021/04/28	Transfer Tub Bench	150.00	112.50	37.50	0.00	
<b>Total</b>		\$ 150.00	\$ 112.50	\$ 37.50	\$ 0.00	

*Please retain for your records*

# Accessing reports

Navigate to the **“Reports”** menu option. This screen allows you to view all authorizations and claims for a specific individual or those submitted through your account.

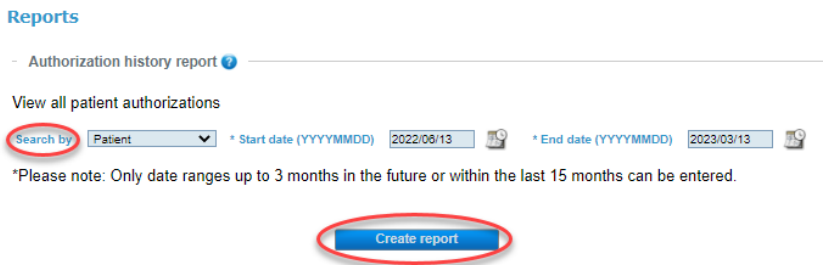


## Authorization history report—provider or patient search

To search by provider, select **“Provider”** in the drop-down menu. Enter a start and end date for the authorization history you wish to display (these dates must be within the previous 15 months).

To search by patient, select **“Patient”** in the drop-down menu. Enter a start and end date for the authorization history you wish to display (these dates must be within the previous 15 months). When prompted, enter the patient’s personal health number and date of birth.

All authorizations which are active or were submitted within the specified time are listed on a printer-friendly screen. Reference numbers, authorization types, effective and termination date as well as the status are all available for your reference.



### AADL Medical/Surgical and Benchmark Mobility Reports Authorization history report

Details

Benefit type:

Authorization type:

Hide details

Reference number	PHN	Patient	Type	Body Side	Effective date (YYYY/MM/DD)	Termination date (YYYY/MM/DD)	Status	Action
* 144225747	992997990	Doe, Jane	QFR - Medical Surgical				Under review	<a href="#">View</a>
* 144225746	992997990	Doe, Jane	M001 One Piece Colostomy/Ileostomy Pouch Authorization		2022/12/13	2024/12/12	Approved	<a href="#">View</a> <a href="#">Term</a>
* 144225742	992997990	Doe, Jane	B070 Transfer Tub Bench Authorization		2022/12/13	2023/12/12	Approved	<a href="#">View</a> <a href="#">Term</a>
* 144225742	992997990	Doe, Jane	B800 Stationary Commode - Standard Authorization		2022/12/13	2023/12/12	Approved	<a href="#">View</a> <a href="#">Term</a>
* 144225726	992997990	Doe, Jane	B070 Transfer Tub Bench Authorization				Denied	<a href="#">View</a>

\* This authorization was previously self-submitted.


## Authorization history report—reference number search

To search by reference number, select **“Reference number”** in the drop-down menu and enter the authorization reference number.

Please note, this will yield results for only this specific authorization.

Reference number, authorization type, effective and termination date as well as the status are all available for your reference.

### Reports

- Authorization history report 

View all patient authorizations

Search by **Reference number** \* Reference number

[Create report](#)

### AADL Medical/Surgical and Benchmark Mobility Reports

#### Authorization history report

- Details

 Hide details

Reference number	PHN	Patient	Type	Effective date (YYYY/MM/DD)	Termination date (YYYY/MM/DD)	Status	Action
* 120661939	992997990	Doe, Jane	Small Bathing & Toileting Equipment	2021/04/01	2022/03/31	Approved	<a href="#">View</a> <a href="#">Term</a>
120661849	992997990	Doe, Jane	Ostomy Supplies	2021/04/26	2023/04/25	Approved	<a href="#">View</a> <a href="#">Term</a>
120658858	992997990	Doe, Jane	QFR - Medical Surgical			Completed	<a href="#">View</a>
* 120668810	992997990	Doe, Jane	Walking Aids & Accessories	2021/03/29	2022/03/28	Approved	<a href="#">View</a> <a href="#">Term</a>

\* This authorization was previously self-submitted.

**Print summary**

By clicking on “*View*” in the summary table, you will see a printable version of the authorization. A printable copy of the report results is available by clicking the “*Print*” command.

**AADL Medical/Surgical and Benchmark Mobility Reports**

**Authorization history report**

- Details

Hide details

Reference number	PHN	Patient	Type	Effective date (YYYY/MM/DD)	Termination date (YYYY/MM/DD)	Status	Action
* 120661939	992997990	Doe, Jane	Small Bathing & Toileting Equipment	2021/04/01	2022/03/31	Approved	<a href="#">View</a> <a href="#">Term</a>
120661849	992997990	Doe, Jane	Ostomy Supplies	2021/04/26	2023/04/26	Approved	<a href="#">View</a> <a href="#">Term</a>
120658858	992997990	Doe, Jane	QFR - Medical Surgical			Completed	<a href="#">View</a>
* 120658810	992997990	Doe, Jane	Walking Aids & Accessories	2021/03/29	2022/03/28	Approved	<a href="#">View</a> <a href="#">Term</a>

\* This authorization was previously self-submitted.

**Authorization results**

**Authorization status : Approved**

**Patient name:** Jane Doe  
**PHN:** 992997990  
**Reference number:** 120661939  
**Authorization type:** Small Bathing & Toileting Equipment  
**Effective date:** 2021/04/01  
**Termination date:** 2022/03/31  
**Comments for vendor:**  
**Practitioner name:** Benchmark Mobility Authorizer  
**Practitioner phone number:**  
**Practitioner email address:**

Product	Quantity	Manufacturer	Model
Transfer Tub Bench	1		

AADL funding is subject to the quantity, frequency and price maximums in the AADL Approved Product List. Products listed on an authorization may not be funded by AADL if they exceed program maximums.

The Authorizer is responsible to review client consumption history, active authorizations, and AADL approved product list limits, to confirm patient is eligible for the products and quantities listed.

A product is only eligible for AADL funding if it is listed on an approved authorization, active on the date the benefit is provided to the client. Authorizer must ensure the current authorization reflects all products the client requires, for this authorization type.



## Terminating an authorization

To terminate an authorization, click **“Term”** in the summary table and, when prompted, provide a termination date and reason.

### AADL Medical/Surgical and Benchmark Mobility Reports

#### Authorization history report

- Details

Hide details

Reference number	PHN	Patient	Type	Effective date (YYYY/MM/DD)	Termination date (YYYY/MM/DD)	Status	Action
* 120681939	992997990	Doe, Jane	Small Bathing & Toileting Equipment	2021/04/01	2022/03/31	Approved	<a href="#">View</a> <a href="#">Term</a>
120681849	992997990	Doe, Jane	Ostomy Supplies	2021/04/26	2023/04/25	Approved	<a href="#">View</a> <a href="#">Term</a>
120688858	992997990	Doe, Jane	QFR - Medical Surgical			Completed	<a href="#">View</a>
* 120688810	992997990	Doe, Jane	Walking Aids & Accessories	2021/03/29	2022/03/28	Approved	<a href="#">View</a> <a href="#">Term</a>

\* This authorization was previously self-submitted.

### AADL Medical/Surgical and Benchmark Mobility Reports

#### Authorization history report

- Details

Hide details

Reference number	PHN	Status	Action
* 120681939	992997990	Approved	<a href="#">View</a> <a href="#">Term</a>
120681849	992997990	Approved	<a href="#">View</a> <a href="#">Term</a>
120688858	992997990	Completed	<a href="#">View</a>
* 120688810	992997990	Approved	<a href="#">View</a> <a href="#">Term</a>

Alberta Blue Cross - Online Service for Health Providers

**Authorization Termination**

Termination date:

\* Termination reason:

Comments:


\* This authorization was previously self-submitted.

Please note, you are able to search by benefit type as well as authorization type to refine the results. Sorting is also available by column.

## Outstanding payment report

Alberta Blue Cross will make payments to your office once daily. The **outstanding payment report** lists all transactions that are remaining to be paid, and allows you to cancel a claim.

To cancel a claim, click the **"Cancel"** hyperlink. If the 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.

Outstanding payment report 

View all claims remaining to be paid as of April 26, 2021

Create report 

### AADL Medical/Surgical and Benchmark Mobility Reports

#### Outstanding payment report

Provider of service AADL Medical/Surgical and Benchmark Mobility

Need help cancelling a claim? 

Details

Hide details

Service date YYYY/MM/DD	Patient name	Product or service	Amount claimed(\$)	AADL contribution(\$)	Document number	Action
2021/04/26	Doe, Jane	Transfer Tub Bench	150.00	112.50	120661966	<a href="#">View</a> <a href="#">Cancel</a>
2021/04/26	Doe, John	One Piece closed end pouch	5.00	3.75	120661897	<a href="#">View</a> <a href="#">Cancel</a>
2021/04/26	Doe, Jane	One Piece closed end pouch	5.00	3.75	120661881	<a href="#">View</a> <a href="#">Cancel</a>
2021/04/25		Disposable Adult Briefs/ Diapers - Small or Youth	10.00	0.00	120661812	<a href="#">View</a>
2021/04/14		Disposable Adult Briefs/ Diapers - Small or Youth	24.00	0.00	120661273	<a href="#">View</a>
2021/04/01		Bedside Urinary Drainage	100.00	0.00	120660914	<a href="#">View</a>
<b>Total</b>			<b>\$294.00</b>	<b>\$120.00</b>		

[Click here to print](#)

If you choose to cancel a claim, you will be asked for the reason. A drop-down menu lists the common reasons. If you select **"other,"** please provide the reason. When canceling a claim, all claims associated with the document number must be canceled.



### 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
2021/04/26	Doe, Jane	Transfer Tub Bench	150.00	112.50	120661966

Cancellation reason

- Select one 

Select one -

- Additional services provided
- Claim entered in error
- Other

## 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”**. You can view payment history for the last 6 months.

To view a printable version of a summary of a particular payment, select the payment date and click **“Create summary”**. Alternatively, you can enter a start and end date to see a printable report of all payments within the specified dates.

- Outstanding payment report ⓘ

View all claims remaining to be paid as of April 26, 2021

[Create report](#)

- Payment history report ⓘ

To access your provider summary and claim statement, select the EFT payment date from the below drop-down menu.

Payment Date

In order to access provider statements online, please register for direct deposit. To register, visit our website at <https://www.ab.bluecross.ca/dfs/82928.pdf>

[Create summary](#) [Export summary](#)

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.

[Create report](#) [Export report](#)

**ALBERTA BLUE CROSS®**

Medical Surgical and Benchmark Mobility Vendor  
 10008 108 St NW  
 Edmonton, AB, T5J0C5

Payment History Report  
 for October 26, 2020 - April 26, 2021

Provider of service: AADL Medical/Surgical and Benchmark Mobility

Service date (YYYYMMDD)	Patient PHN	Product or service	Amount claimed(\$)	AADL contribution(\$)	Patient cost share portion(\$)	Patient upgrade charge(\$)	Document number	Invoice number	Authorization reference number
No items were found									

## Patient claim statements

To print a copy of the patient’s claim statement, enter the patient’s personal health number and birth date. Then click **“Search”**. A listing of statements for the specified patient appears.

Click the **“Document number”** hyperlink for a printable summary of the claim.

- Patient claim statements ⓘ

Find a patient and reproduce a Claim statement

\*Please note: Only claim statements obtained by the patient within the last year will appear.

[Create claim statement](#)

**Patient Claim Statements**

\*Please Note: Only claim statements obtained by the patient within the last year will appear.

**Patient information**

Name	Doe, Jane
Personal Health Number	992997990

Provider of service

Service date	Service	Claimed amount(\$)	AADL contribution(\$)	Document number	Status
2021/04/26	Transfer Tub Bench	150.00	112.50	<a href="#">120661980</a>	Outstanding
2021/04/26	One Piece closed end pouch	5.00	3.75	<a href="#">120661881</a>	Outstanding

To generate a claim statement, select the applicable Document number. Please note that a statement may include multiple service dates.



**PLEASE NOTE**

You can reverse a claim that has been previously paid. As long as the date of service is within the last 60 days.

Overview Patient inquiry Enter claim **Reports** Resources Your profile

Choose another Claim Statement for this individual. You must provide the patient with a printed copy of this claim statement. Please click below to print.

Back
Print Alberta Blue Cross Statement



Date: April 26, 2021  
Document number: 120661966

Patient Name: Doe, Jane  
Personal Health Number 992997990

**Health claim summary**

Total amount claimed	\$150.00
AADL will pay	\$112.50
Patient will pay	\$37.50

**Details**

*Each claim you submit is assessed according to the benefit rules under the Alberta Aids to Daily Living Program.*

Patient: Jane  
Provider: Medical Surgical and Benchmark Mobility Vendor

Service date (YYYY/MM/DD)	Product or service	Claimed amount	AADL contribution	Patient cost share portion	Patient upgrade charge	Explanation number*
2021/04/26	Transfer Tub Bench	150.00	112.50	37.50	0.00	
<b>Total</b>		<b>\$150.00</b>	<b>\$112.50</b>	<b>\$37.50</b>	<b>\$0.00</b>	

*Please retain for your records*

**Canceling a claim**

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

When canceling a claim, all claims associated with the document number must be canceled.

Service date (YYYY/MM/DD)	Patient name	Product or service	Amount claimed(\$)	AADL contribution(\$)	Document number	Action
2021/04/26	Doe, Jane	Transfer Tub Bench	150.00	112.50	120661966	View <b>Cancel</b>
2021/04/26	Doe, John	One Piece closed end pouch	5.00	3.75	120661897	View Cancel



**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
2021/04/26	Doe, Jane	Transfer Tub Bench	150.00	112.50	120661966

Cancellation reason

- Select one -

Select one -

Additional services provided

Claim entered in error

Other

Ok

# Additional information

## Technical information

Using the Alberta Blue Cross AADL website, an Internet connection and your browser, you can submit authorizations and 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 5 consecutive, unsuccessful sign-in attempts;
- automatically signing site users out after 30 minutes of inactivity; and
- requiring written authorization before granting access to the Alberta Blue Cross AADL website.

## Contact us

For more information about access to the Alberta Blue Cross AADL website, contact the Alberta Blue Cross AADL team.

### PHONE

**587-756-8629** (Edmonton and area)  
**1-888-828-8738** (toll free, all other areas)

### EMAIL

**HealthServicesAADLINquiries@ab.bluecross.ca**

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

The online claims submission system is available Monday to Sunday, 8 a.m. to 9:30 p.m. MT. Our regular office hours are Monday to Friday, 8:30 a.m. to 5 p.m. MT.

