

# AADL PROSTHETICS AND ORTHOTICS

## AUTHORIZATION AND CLAIM USER GUIDE

Online  
authorization  
and claims  
submission

# AADL MEDICAL PROSTHETICS AND ORTHOTICS BENEFIT PROGRAM—AUTHORIZATION AND CLAIM USER GUIDE

Alberta Blue Cross® is pleased to offer online authorization and claim submission for Alberta Aids to Daily Living (AADL) prosthetics and orthotics benefits providers. This convenient service is delivered through an easy-to-use secure website and is available at no cost to prosthetics and orthotics providers across Alberta. Online submission provides the convenience of direct billing for eligible services for your customers with coverage through the AADL 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.



## 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.

## Registering for site access

To register for online authorization and claims submission, you must complete the Request for Secure Web Site Access web form. Details about completing this form can be accessed through our public website at [ab.bluecross.ca](http://ab.bluecross.ca).

If you want payments to be deposited directly into your bank account please complete the Application for Direct Deposit Funds form. This form can faxed to

- **1-855-598-3583 (toll free) or**
- **780-498-3585 (Edmonton and area).**

The Health 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 two 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.

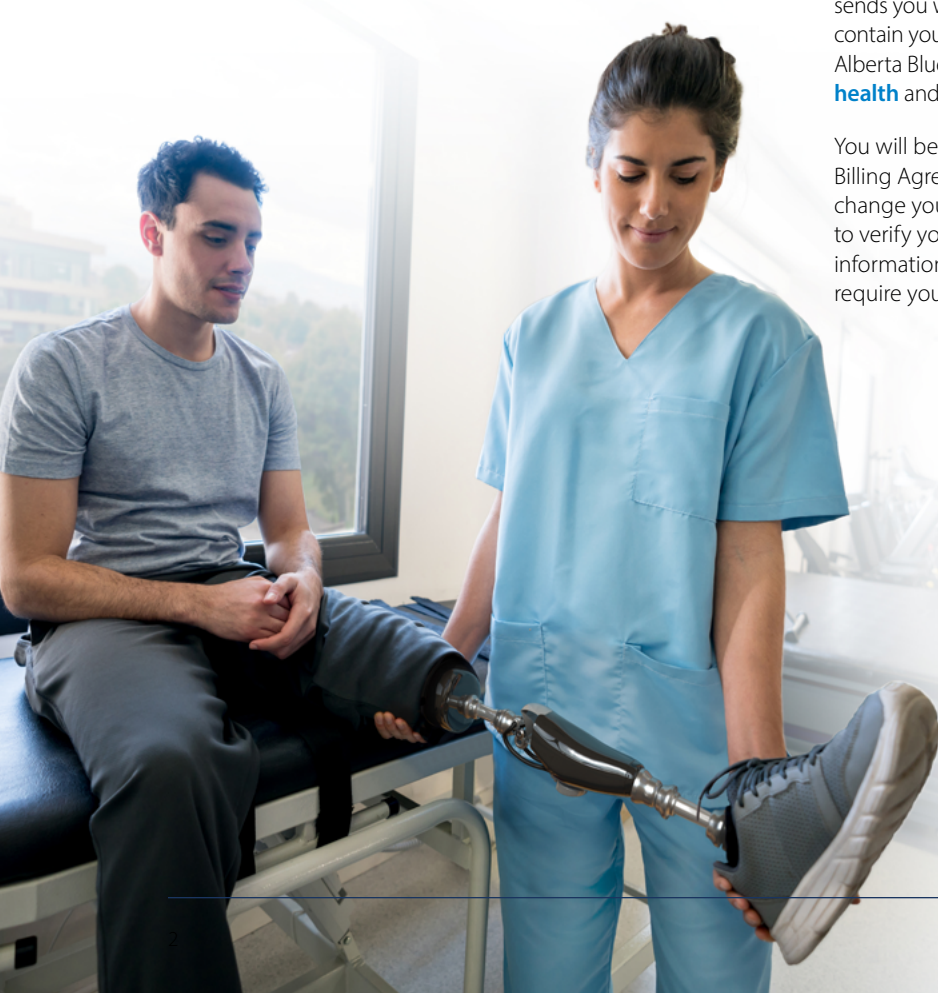
## Getting started online

Please refer to the information in the emails Alberta Blue Cross sends you when your initial registration is approved. These emails 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 Web Site Policy and Online Billing Agreement, set up your two 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.

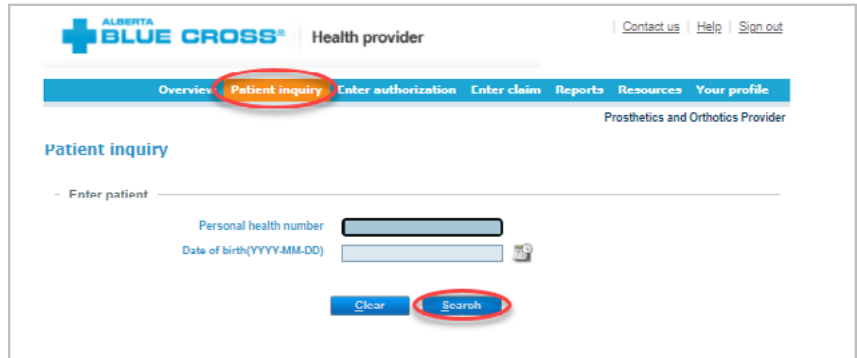
## Authorizing and claiming online is quick, easy and secure!

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.

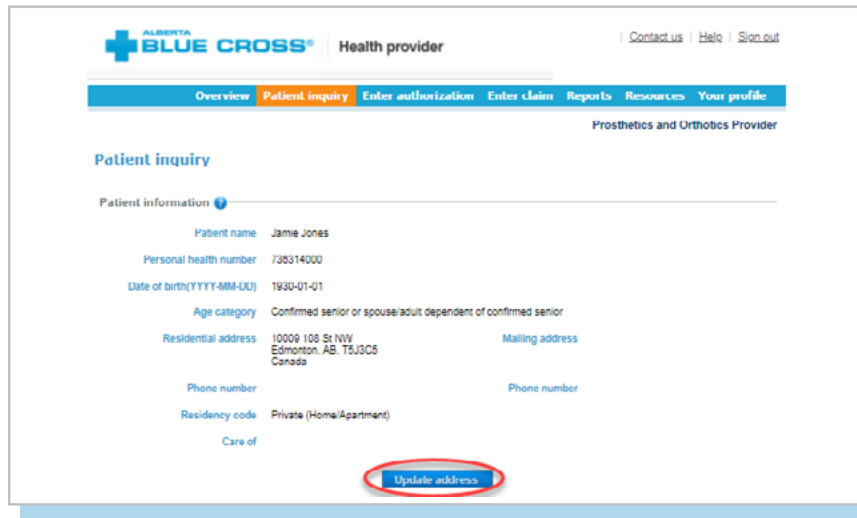


# EASY STEPS TO ACCESSING THE PATIENT INQUIRY SCREEN

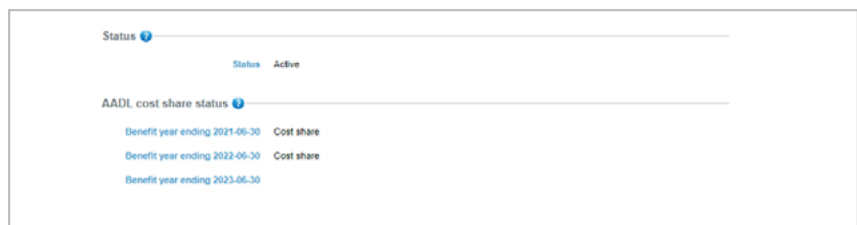
1. Navigate to the "Patient Inquiry" menu option and enter the patient's Personal health number and birth date. Then click "Search".



2. Confirm the patient's information and address. To update the patient's address, select "Update address".



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.



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

The screenshot displays the 'Patient inquiry' page for a health provider. At the top, the 'ALBERTA BLUE CROSS' logo is visible alongside the text 'Health provider'. Navigation tabs include 'Overview', 'Patient inquiry' (which is active), 'Enter authorization', 'Enter claim', 'Reports', 'Resources', and 'Your profile'. A 'Prosthetics and Orthotics Provider' label is located in the top right corner. The page is divided into several sections: 'Patient information' with fields for name, health number, date of birth, age category, residential and mailing addresses, phone numbers, and residency code; 'Status' showing the patient is 'Active'; 'AADL cost share status' with three entries for benefit years ending in 2021, 2022, and 2023, all set to 'Cost share'. The 'Product consumption' section, which is circled in red, contains three dropdown menus for 'Benefit type', 'Product category', and 'Product', each with the placeholder text '- Please choose one -'. 'Clear' and 'Search' buttons are positioned at the bottom of this section.

# EASY STEPS TO SUBMITTING AND PROCESSING AN AUTHORIZATION

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** Enter claim Reports Resources Your profile

Prosthetics and Orthotics Provider

Enter authorization request

Enter patient

Personal health number

Date of birth(YYYY-MM-UU)

Clear Search

2. Confirm 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** Enter claim Reports Resources Your profile

Prosthetics and Orthotics Provider

Enter authorization request

Confirm patient address

Patient information

Name Jamie Innes

Personal Health Number 736314000

Residential address

Address 10009 108 St NW  
Edmonton, AB, T5L1R7C5  
Canada

Phone number

Residency code Private (Home/Apartment)

Care of

Mailing address

Address

Phone number

Update Cancel Next

3. Select the "Benefit type", "Authorization type" and "Practitioner" for the authorization submission.

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

Prosthetics and Orthotics Provider

Enter authorization request

Enter details

Patient information

Name Jamie Jones

Personal Health Number 736314000

Authorization details

Benefit type Choose one -

Authorization type Choose one -

Practitioner Choose one - Add Practitioner

Practitioner Details

Back Cancel Next

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** Enter claim Reports Resources Your profile

Prosthetics and Orthotics Provider

### Enter authorization request

**Enter details**

**Patient information**

Name Jamie Jones  
Personal Health Number 736314000

**Authorization details**

Benefit type Prosthetics  
Authorization type Lower Limb Functional Level 1  
Practitioner Practitioner Prosthetist [Add Practitioner](#)  
[Practitioner Details](#)

**Additional information**

Patient confirms they do not have coverage under other sources of funding (NHB, WCB, UWA, RCMP, Armed Forces, Corrections, MVA), or private insurance that covers 100% of the benefit if cost share.  Yes  No

Confirm the following  Yes  No

- The first section of the Validation Certificate has been signed by the patient.
- Patient has obtained a valid prescription from a physician.

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

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

Prosthetics and Orthotics Provider

### Enter authorization request

**Enter details - Lower Limb Functional Level 1**

**Patient information**

Name Jamie Jones  
Personal Health Number 736314000

**Additional details**

Assessor name

Assessment date

Amputation level - Please choose one -

Body side - Please choose one -

- 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** Enter claim Reports Resources Your profile

Prosthetics and Orthotics Provider

### Enter authorization request

Enter details - Lower Limb Functional Level 1

**Patient information**

Name	Jamie Jones
Personal Health Number	736314000

Documentation details ⓘ

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

Client Declaration Form\*

Comments

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

- 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** Enter claim Reports Resources Your profile

Prosthetics and Orthotics Provider

### Upload supporting document

Supporting document required for further review

**Patient information**

Name	Jamie Jones
Personal Health Number	736314000

Supporting documentation ⓘ

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

- Client Declaration Form
 

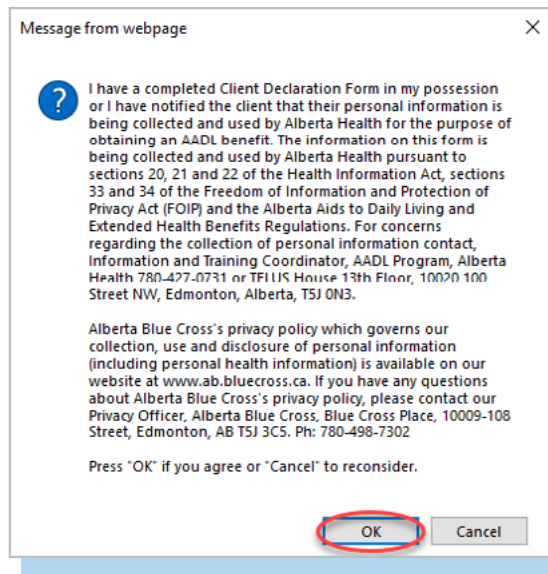
File	Choose File No file chosen
Comment	<input type="text"/>

[Upload](#)

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

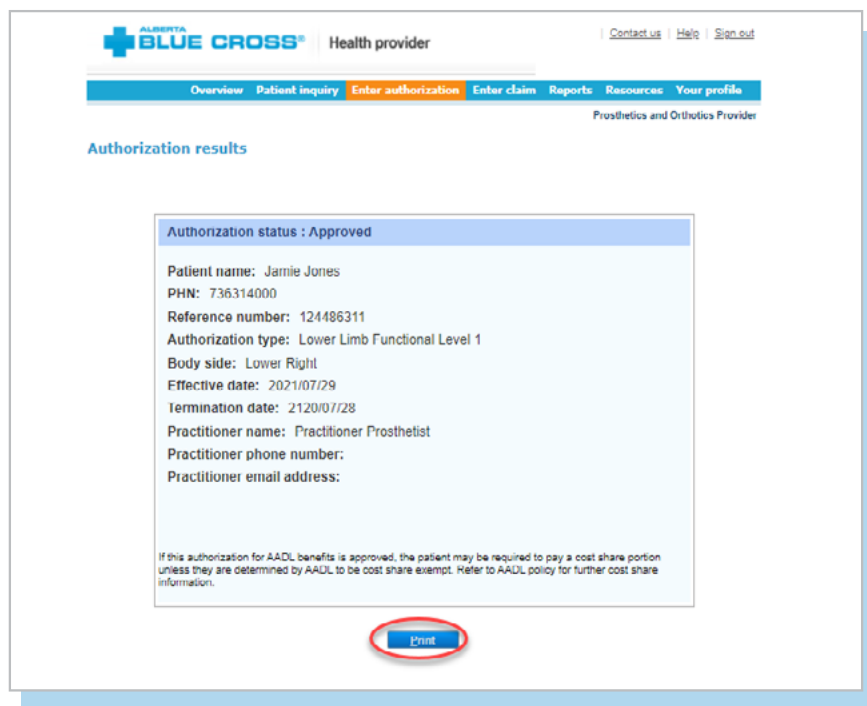
[Details](#)

[Back](#) [Cancel](#) [Process authorization](#)



- 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".





# EASY STEPS TO SUBMITTING AND PROCESSING A CLAIM

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 'Enter claim' page for a Health provider. At the top, there is a navigation bar with 'Overview', 'Patient inquiry', 'Enter authorization', 'Enter claim' (highlighted), 'Reports', 'Resources', and 'Your profile'. Below the navigation bar, the user is identified as a 'Prosthetics and Orthotics Provider'. The main heading is 'Enter claim'. Underneath, there is a section titled 'Enter patient' with two input fields: 'Personal health number' and 'Date of birth(YYYY MM DD)'. Below these fields are two buttons: 'Clear' and 'Search'. The 'Search' button is circled in red.

2. If you wish, you can add your invoice number.
3. 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 claim' page with 'Enter details' expanded. It includes a 'Patient information' section with fields for 'Name' (Jamie Jones) and 'Personal Health Number' (736314000). Below this is an 'Invoice details' section with an 'Invoice number' field. The 'Claim details' section contains several dropdown menus: 'Benefit type' (Please choose one), 'Product category' (Please choose one), and 'Product' (Please choose one). There are also input fields for 'Service date (YYYY-MM-DD)', 'Quantity' (set to 1), and 'Total cost(\$)'. At the bottom of the form, there are two buttons: 'Add claim' (circled in red) and 'Cancel'.

- When you are satisfied with the details entered, click "Predetermine".

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

Prosthetics and Orthotics Provider

### Enter claim

**Enter details**

**Patient information**

Name: Jamie Jones  
Personal Health Number: 736314000

**Invoice details**

Invoice number:

**Claim details**

Benefit type:   
Service date (YYYY-MM-DD):

Product category:   
Quantity:

Product:   
Total cost(\$):

Service Date	Product	Body side	Quantity	Total cost(\$)
2021-07-29	Joint Covers	Lower Right	1.00	100.00
				100.00

- 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 3, "Cancel" to exit without saving or "Process claim" to submit the claim online to Alberta Blue Cross for immediate processing.

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

Prosthetics and Orthotics Provider

### Enter claim

**Predetermine**

**Patient information**

Name: Jamie Jones  
Personal Health Number: 736314000

**Summary**

Predetermination results as of Jul 29, 2021 12:49:53 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:	\$100.00
AADL will pay:	\$75.00
<b>Patient will pay:</b>	<b>\$25.00</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**

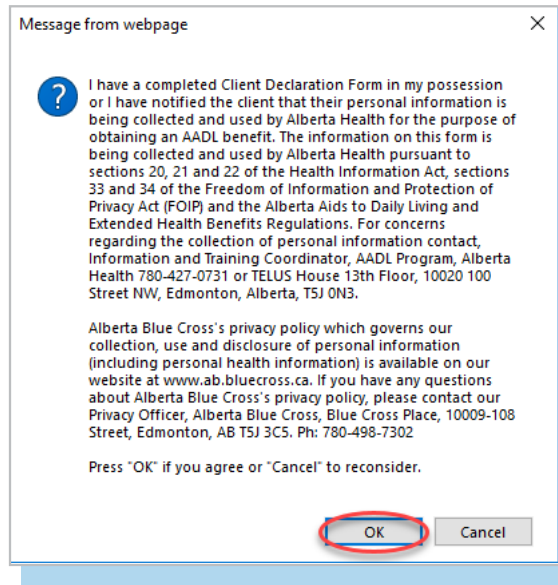
Patient: Jamie Jones  
Service provider: Prosthetics and Orthotics Provider

Service date (YYYYMMDD)	Product	Claimed amount	AADM contribution	Patient cost share portion	Patient upgrade charge number
20210729	Joint Covers	100.00	75.00	25.00	0.00
<b>Total</b>		<b>\$100.00</b>	<b>\$75.00</b>	<b>\$25.00</b>	<b>\$0.00</b>

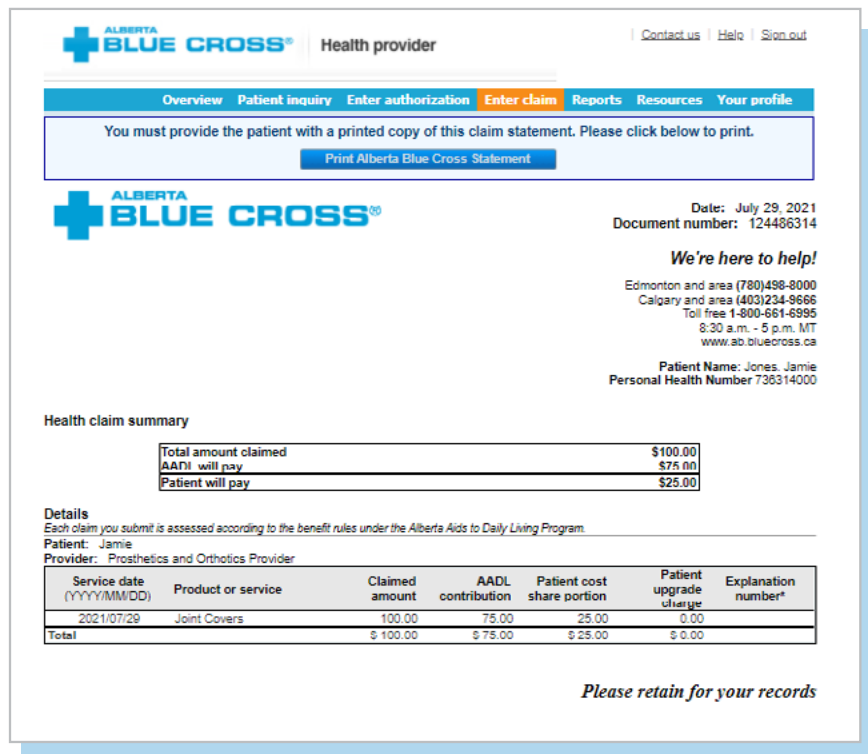
Explanations

[Click here to print](#)

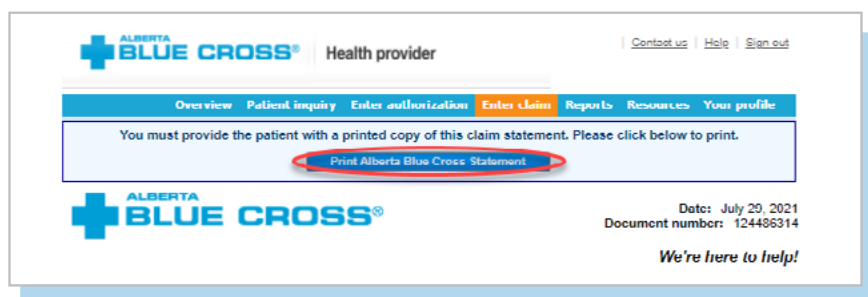
- Confirm patient consent in the pop-up window. Click "OK" to proceed.



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

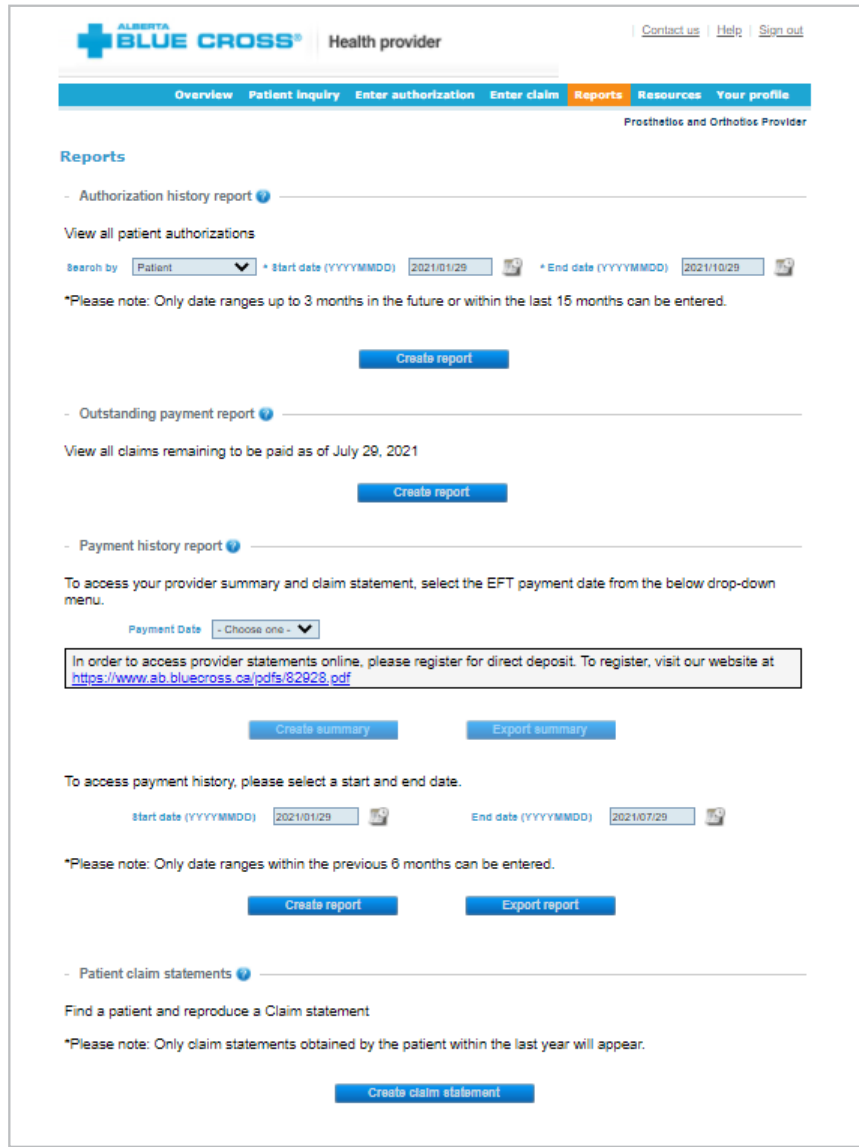


- A printable copy of the patient's Claim Statement displays. Click "Print". You must provide the patient with a printed copy of the claim statement.

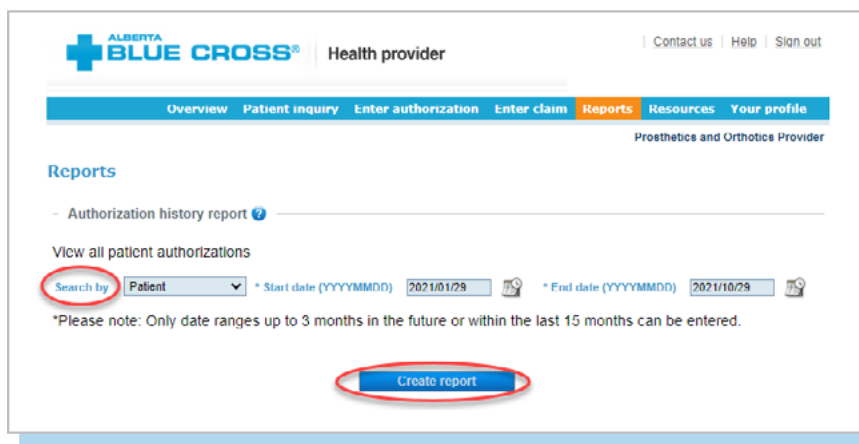


# EASY STEPS TO ACCESS REPORTS

1. 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.



2. For an authorization history report by patient, select patient from the drop-down menu. Enter a start and end date for the authorization information you wish to display (up to a maximum of the last fifteen months and three months into the future), then click “Create report”.



3. Once the report is created, enter the patient's personal health number and date of birth.
  - a. All authorizations that are active or were submitted for the selected individual within the specified time are listed on a printer-friendly screen. Reference numbers, authorization types, effective and termination dates, as well as the status, are all available for your reference.
  - b. To access a printable version of the authorization, click "View" in the summary table.
  - c. To terminate an authorization, click "Term" in the summary table and, when prompted, provide a termination date and reason.

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

Prosthetics and Orthotics Provider

**AADL Prosthetics and Orthotics Reports**  
**Authorization history report**

Details

Hide details

Reference number	PHN	Patient	Type	Effective date (YYYY/MM/DD)	Termination date (YYYY/MM/DD)	Status	Action
* 124486311	736314000	Jones, Jamie	Lower Limb Functional Level 1	2021/07/29	2120/07/28	Approved	View Term

\* This authorization was previously self-submitted.

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

Prosthetics and Orthotics Provider

**Authorization results**

**Authorization status : Approved**

**Patient name:** Jamie Jones  
**PHN:** 736314000  
**Reference number:** 124486311  
**Authorization type:** Lower Limb Functional Level 1  
**Body side:** Lower Right  
**Effective date:** 2021/07/29  
**Termination date:** 2120/07/28  
**Practitioner name:** Practitioner Prosthetist  
**Practitioner phone number:**  
**Practitioner email address:**

If this authorization for AADL benefits is approved, the patient may be required to pay a cost share portion unless they are determined by AADL to be cost share exempt. Refer to AADL policy for further cost share information.

[Print](#)

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

Prosthetics and Orthotics Provider

**Authorization history report**

Details

Hide details

Reference number	PHN
* 124486311	736314000

\* This authorization was prev

Alberta Blue Cross - Online Service for Health Providers

**Authorization Termination**

Termination date: 2021/07/29

Termination reason: - Choose one -

Comments:

Status Action  
Approved View  
Term

[Save](#) [Cancel](#)

4. For an authorization history report by provider, select provider from the drop-down menu. Enter a start and end date for the authorization information you wish to display (up to a maximum of the last fifteen months and three months into the future), then click “Create report”.

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

b. To access a printable version of the authorization, click “View” in the summary table.

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

Prosthetics and Orthotics Provider

**Reports**

- Authorization history report ⓘ

View all patient authorizations

Search by **Provider** \* Start date (YYYYMMDD) 2021/01/29 \* End date (YYYYMMDD) 2021/10/29

\*Please note: Only date ranges up to 3 months in the future or within the last 15 months can be entered.

**Create report**

ALBERTA BLUE CROSS® Health provider | Contact us | Help | Sign out

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

Prosthetics and Orthotics Provider

**AADL Prosthetics and Orthotics Reports**

**Authorization history report**

- Details

Hide details

Reference number	PHN	Patient	Type	Effective date (YYYY/MM/DD)	Termination date (YYYY/MM/DD)	Status	Action
* 124486311	736314000	Jones, Jamie	Lower Limb Functional Level 1	2021/07/29	2120/07/28	Approved	<b>View</b> Term

\* This authorization was previously self-submitted.

ALBERTA BLUE CROSS® Health provider | Contact us | Help | Sign out

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

Prosthetics and Orthotics Provider

**Authorization results**

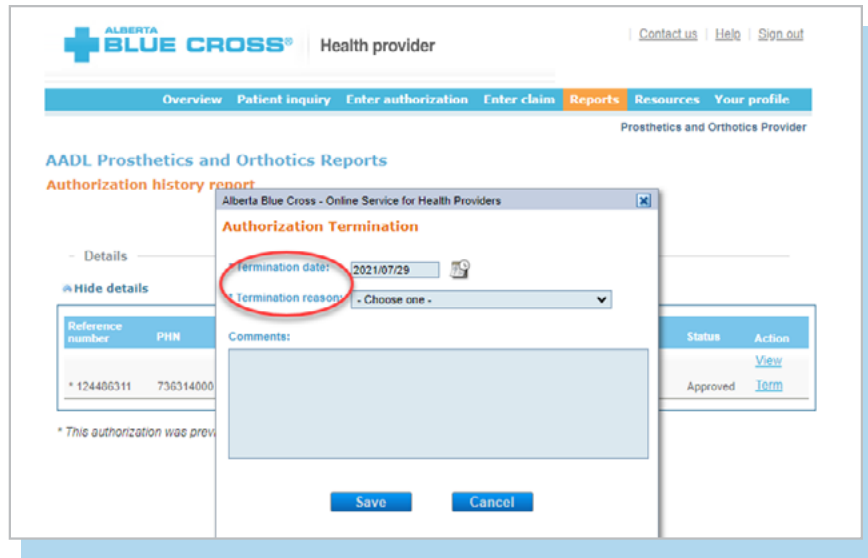
**Authorization status : Approved**

**Patient name:** Jamie Jones  
**PHN:** 736314000  
**Reference number:** 124486311  
**Authorization type:** Lower Limb Functional Level 1  
**Body side:** Lower Right  
**Effective date:** 2021/07/29  
**Termination date:** 2120/07/28  
**Practitioner name:** Practitioner Prosthetist  
**Practitioner phone number:**  
**Practitioner email address:**

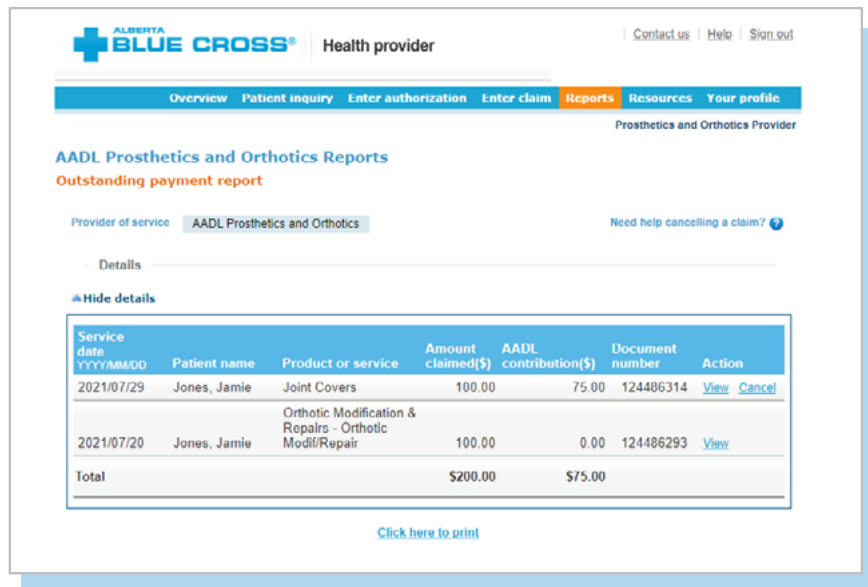
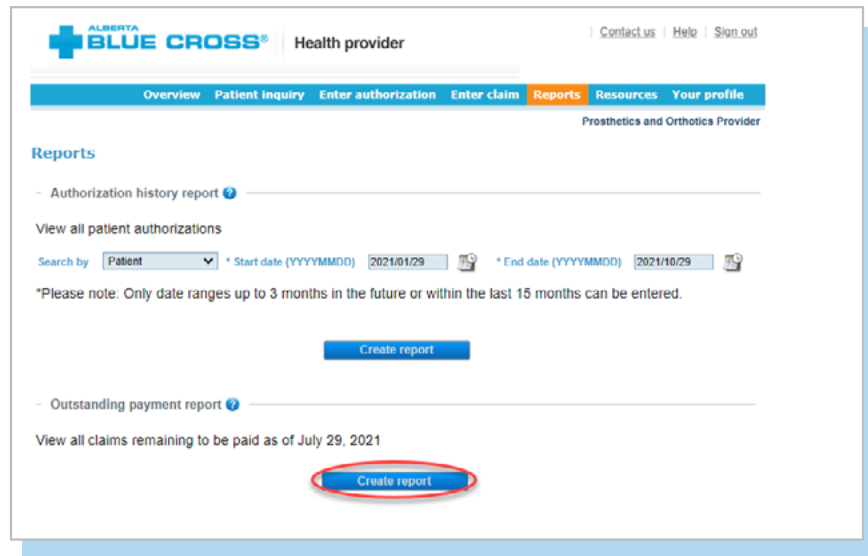
If this authorization for AADL benefits is approved, the patient may be required to pay a cost share portion unless they are determined by AADL to be cost share exempt. Refer to AADL policy for further cost share information.

**Print**

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



5. 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.

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Contact us | Help | Sign out

Overview Patient Inquiry Enter authorization Enter claim Reports Resources Your profile

AADL Prosthetics and Orthotics Reports

Outstanding payment report

Provider of service: AADL Prosthetics and Orthotics

Need help cancelling a claim?

Hide details

Service date YYYYMMDD	Patient name	Product or service	Amount claimed(\$)	AADL contribution(\$)	Document number	Action
2021/07/29	Jones, Jamie	Joint Covers	100.00	75.00	124486314	View <b>Cancel</b>
2021/07/20	Jones, Jamie	Orthotic Modification & Repairs - Orthotic Modif/Repair	100.00	0.00	124486293	View
<b>Total</b>			<b>\$200.00</b>	<b>\$75.00</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 cancelling a claim, all claims associated with the document number must be cancelled.

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**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 YYYYMMDD	Patient	Service	Amount claimed(\$)	Alberta Blue Cross paid(\$)	Document number
2021/07/29	Jones, Jamie	Joint Covers	100.00	75.00	124486314

Cancellation reason

- Select one -
- Select one -
- Additional services provided
- Claim entered in error
- Other

Back Ok



- 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 six months.

ALBERTA BLUE CROSS® Health provider | Contact us | Help | Sign out

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

Prosthetics and orthotics provider

**Reports**

- Authorization history report

View all patient authorizations

Search by Patient Start date (YYYYMMDD) 2021/01/29 End date (YYYYMMDD) 2021/10/29

\*Please note: Only date ranges up to 3 months in the future or within the last 15 months can be entered.

Create report

- Outstanding payment report

View all claims remaining to be paid as of July 29, 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 - Choose one -

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

Create summary Export summary

To access payment history, please select a start and end date.

Start date (YYYYMMDD) 2021/01/29 End date (YYYYMMDD) 2021/07/29

\*Please note: Only date ranges within the previous 6 months can be entered.

Create report Export report

- 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.

Payment history report

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

Payment Date - Choose one -

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

Create summary Export summary

To access payment history, please select a start and end date.

Start date (YYYYMMDD) 2021/01/29 End date (YYYYMMDD) 2021/07/29

\*Please note: Only date ranges within the previous 6 months can be entered.

Create report Export report

ALBERTA BLUE CROSS®

Prosthetics and Orthotics Provider

1005 108 St  
Edmonton, Ab, T6C 2C8

Provider of service: AAGL Prosthetics and Orthotics

Payment History Report  
for January 25, 2021 - July 25, 2021

Service date (YYYY-MM-DD)	Patient PAK	Patient	Product or service	Quantity	Amount claimed(\$)	AAGL contribution(\$)	Patient cost share (per cent)	Patient upgrade charges(\$)	Document number	Invoice number	Authorization reference number
---------------------------	-------------	---------	--------------------	----------	--------------------	-----------------------	-------------------------------	-----------------------------	-----------------	----------------	--------------------------------

- 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](#)

**ALBERTA BLUE CROSS** Health provider | Contact us | Help | Sign out

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

### Patient Claim Statements

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

**Patient information**

Name	Jones, Jamie
Personal Health Number	736314000

Provider of service: AADL Prosthetics and Orthotics

Service date	Service	Claimed amount(\$)	AADL contribution(\$)	Document number	Status
2021/07/29	Joint Covers	100.00	75.00	<a href="#">124486314</a>	Outstanding
2021/07/20	Orthotic Modification & Repairs - Orthotic Modif/Repair	100.00	0.00	<a href="#">124486293</a>	Outstanding

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

**ALBERTA BLUE CROSS** Health provider | Contact us | Help | Sign out

Overview Patient inquiry Enter authorization 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](#)

**ALBERTA BLUE CROSS** Date: July 29, 2021  
Document number: 124486314

Patient Name: Jones, Jamie  
Personal Health Number 736314000

#### Health claim summary

Total amount claimed	\$100.00
AADL will pay	\$75.00
Patient will pay	\$25.00

#### Details

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

Patient: Jamie  
Provider: Prosthetics and Orthotics Provider

Service date (YYYY/MM/DD)	Product or service	Claimed amount	AADL contribution	Patient cost share portion	Patient upgrade charge	Explanation number*
2021/07/29	Joint Covers	100.00	75.00	25.00	0.00	
<b>Total</b>		<b>\$100.00</b>	<b>\$75.00</b>	<b>\$25.00</b>	<b>\$0.00</b>	

*Please retain for your records*

# 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 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 Alberta Blue Cross AADL website.

# CONTACT US

For more information about access to the Alberta Blue Cross AADL website, contact 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](mailto:HealthServicesAADLINquiries@ab.bluecross.ca)

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.

