

AADL PROSTHETICS AND ORTHOTICS

AUTHORIZATION AND CLAIM USER GUIDE

> Online authorization and claims submission

August 2021

provider.ab.bluecross.ca/health

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**.

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** 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".

Ove	rviev Patient inquir	Enter authorization	Enter claim	Reports	Resources	Your profile
				F	Prosthetics and	Orthotics Provider
ent inquiry						
Enter patient						
	Personal health numbe	r				
	Date of birth(YYYY-MM-DD)	1			
		<u>C</u> lear <u>S</u> ec	aroh			

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

Overview	Palient inquiry	Enter authorization	Enter claim	Reports	Resources	Your profile
				Pros	thetics and O	rthotics Provider
Patient inquiry						
Patient information 🕑						
Patient name	Jamie Jones					
Personal health number	738314000					
Date of birth(YYYY-MM-DD)	1930-01-01					
Age category	Confirmed senior or	spouse/aduit dependent o	f confirmed senio	r		
Residential address	10009 108 St NW Edmonton, AB, T5J3 Canada	C5	Mailing add	ress		
Phone number			Phone nun	nber		
Residency code	Private (Home/Apart	ment)				
Care of						

- 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.

Status 👔		
Status	Active	
AADL cost share status 👔 —		
Benefit year ending 2021-06-30	Cost share	
Benefit year ending 2022-06-30	Cost share	
Benefit year ending 2023-06-30		

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

Overview	Patient Inquiry Enter author	zation Enter claim Reports Resour	ces Your profile
		Prosthetics a	nd Orthotics Provider
Patient inquiry			
Patient information 😗			
Patient name	Jamie Jones		
Personal health number	738314000		
Date of birth(YYYY-MM-DD)	1930-01-01		
Age category	Confirmed senior or spouse/adult de	pendent of confirmed senior	
Residential address	10009 108 St NW Edmonton, AB, T5J3C5 Carrada	Mailing address	
Phone number		Phone number	
Residency code	Private (Home/Apartment)		
Care of			
	Update	address	
Status 😮			
State	us Active		
State	us Active		
AADL cost share status 🍘 –	80 Cost share		
AADL cost share status 🕢 - Benefit year ending 2021-06-	30 Cost share 30 Cost share		
AADL cost share status 💓 - Benefit year ending 2021-06- Benefit year ending 2022-06- Benefit year ending 2022-06-	30 Cost share 30 Cost share		
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AADL cost share status () Benefit year ending 2021-06- Benefit year ending 2022-06- Benefit year ending 2023-06- Product consumption () Benefit yp	Cost share Cost share -Please choose one - ▼ -Please choose one - ▼ -Please choose one - ▼		

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"*.



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.

Overview Patient Inqui	y Enter authorization	Enter claim	Reports	Resources	Your profile
			F	Prosthetics and	Orthotics Provider
nter authorization request					
onfirm patient address					
Patient information					
Name lamie Iones					
Personal Health Number 736314000					
Residential address 🕜					
Address	10009 108 St NW				
	Edmonton, AB, T5.I3C5 Canada				
Phone number					
Residency code	Private (Home/Apartment)				
Care of					
Malling address 🕜					
manning address					
Address					
Phone number					

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

			Contact us	Help Sign out		
Overview	Patient inquiry	Enter authorization	Enter clai	m Reports	Resources	Your profile
				P	rosthetics and	Orthotics Provider
nter authorization r	equest					
nter details						
Patient information						
Nar	ne Jamie Jones					
Personal Health Numb	er 736314000					
Authorization details 🕜						
	Berefitzer	Choose one -	~			
	Authorization type	- shoose one -	*			
	Practitioner	Choose one -	~	Add Practition	<u>er</u>	
		Practitioner Details				
	Bac	Cancel	Next			

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

Overview Pat	ient inquiry	Enter authorization	Enter claim	Reports	Resources	Your profile
				P	rosthetics and	Orthotics Provider
Enter authorization requ	est					
Inter details						
Patient information						
	amie Jones 36314000					
Personal health Number 7	36314000					
Authorization details 💡 ———						
	Benefit type	Prosthetics	~			
Autho	rization type	Lower Limb Functional Lev	rel 1 🛛 👻			
	Practitioner	Practitioner Prosthetist	✓ A	ld Practition	er	
		Practitioner Details				
Additional information ()						
Patient confirms they do not have or RCMP, Armed Forces, Corrections, M cost share.	verage under o IVAC), or privat	other sources of funding (N te insurance that covers 10	IHB, WCB, DVA, 0% of the benefit	tif	⊖ Yes ⊖ No	

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

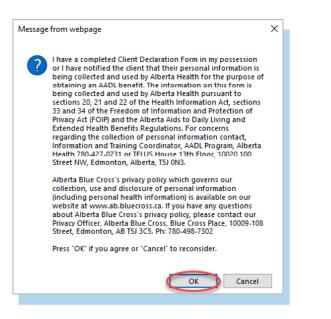
n request				Prosthet	ics and Orthotics Provide
n request					
Limb Funct	tional Level 1				
sor name					
nent date					
tion level - Pl	ease choose one - 🗙]			
Body side - Pl	ease choose one - 🗸]			
5	Number 73631	ment date S ation level - Please choose one - V	Number 736314000	Number 736314000	Number 736314000

 Yo 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.

Overview	Patient inquiry	Enter authorization	Enter claim	Reports	Resources	Your profile
				F	rosthetios and	Orthotios Provider
ter authorization re	quest					
ter details - Lower Limb	h Functional L	evel 1				
atient information						
	Jamie Jones					
Personal Health Number	736314000					
Documentation details 🔞 -						
Documentation details 🕑 - Please select each supporti * denotes a mandatory supp			iny correspondir	ng values.		
Please select each supporti	porting document		iny correspondir	ng values.		
Please select each support • denotes a mandatory support	porting document		iny correspondir	ng values.		
Please select each support * denotes a mandatory support	porting document		iny correspondir	ng values.		

7. 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 popup window. Click "OK" to proceed.

Overview	Palient inquiry Enter authorization	Enter claim	Reports 1	Resources	Your profile
			Pro	sthetics and	Orthotics Provider
ad supporting doc	ument				
orting document req	uired for further review				
nt information					
Name	Jamie Jones				
Personal Health Number	736314000				
Client Declaration Fe	orm				
Fil	Concerne the chosen			*	
Commer	nt Lipited	•			
Commer	nt	•			Dalota
Commer	nt Lipited	•			



8. 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 pended for further review.

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

Overview Patient inquiry Enter authorization Enter claim Reports Resources Your profile						
		Prosthetics and Orth	otics Provider			
tion results						
Authorization status	: Approved					
Patient server lawi	a lanas					
Patient name: Jami PHN: 736314000	e Jones					
Reference number:	124486311					
	Lower Limb Functional Level 1					
Body side: Lower R						
Effective date: 202	1/07/29					
Termination date: 2	120/07/28					
	Practitioner Prosthetist					
Practitioner phone r						
Practitioner email a	ddress:					
	benefits is approved, the patient may be rec by AADL to be cost share exempt. Refer to A					

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"*.

	Overview	Palient inquiry	Enter authorization	Enter claim	Reports	Resources	Your profile
					F	rosthetics and	Orthotics Provider
nter claim							
Enter patient							
	Pers	onal health number					
	Date of	birth(YYYY MM DD)					
			<u>C</u> lear Sea	arch			

- 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.

	nter authorization Foter c	aim Reports	Reserver	Your profile
		Prosth	etics and Ort	notics Provider
nter claim				
nter details				
Patient information				
Name Jamie Jones				
Personal Health Number 736314000				
Invoice details 🕜				
Invoice number				
Claim details 🚷				
Benefit type - Please choose one - 🗸		ice date MM-DD)	<u>19</u>	
Product category - Please choose one - 🗸	c	Quantity 1		
Product - Hease choose one - V	Total	cost(\$)		
	Add claim			

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

Overview Patient inquiry Enter author		and Orthotics Provider
nter claim	Prostitetics	and Grandads FT04lder
nter claim nter details		
nter details		
Name Jamie Jones		
Personal Health Number 736314000		
Invoice details 🕑		
Invoice number		
Claim details 👔		
Benefit type - Please choose one - 🗸	Service date (YYYY-MM-DD)	™ 0
Product category Please choose one - V	Quantity 1	
Product - Please choose one - V	Total cost(\$)	
Add	elaim	
	Deck. T	61
Service Date Product	Body Quantity Cost side Quantity Cost	(\$)
2021-07-29 Joint Covers	Lower 1.00 100 Right 1.00 100	00 <u>Modify Remove</u>
	3100	00
ALBERTA BLUE CROSS® Health provi Overview Palient inquiry Enter auth	ler	ontactius <u>Help</u> <u>Sign out</u> sources Your profile
Overview Palient inquiry Enter auth	Jer wizalion <mark>Enter claim Reports Re</mark>	
Overview Patient inquiry Enter auth	Jer wizalion <mark>Enter claim Reports Re</mark>	sources Your profile
Overview Patient inquiry Enter auth Enter claim Predetermine	Jer wizalion <mark>Enter claim Reports Re</mark>	sources Your profile
Overview Patient inquiry Enter auth Enter claim Predetermine	Jer wizalion <mark>Enter claim Reports Re</mark>	sources Your profile
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Overview Patient inquiny Enter auth Enter claim Predetermine Patient information Name Jamie Jones	Jer wizalion <mark>Enter claim Reports Re</mark>	sources Your profile
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Overview Patient inquiry Enter call Predetermine Patient information Name Jamie Jones Perconal Health Number 736314000 Summary Predetermination results as of Jul 29, 2021 12:49:53 PM MDT Mou Please note that eligibility of coverage may change based on the date or coverage terminates. Total amounts submitted: AADL will pay: Patient will pay: *This is not a receipt", Your claim has not been subr Please click the Modify, Cancel, or Process claim bu Uetails *Hide details Patient_lamie_lones Service provider: Prosthetics and Othotics Provider	Jer Inter claim Reports Re prization Enter claim Reports Proof prization Free claim Proof Proof stain Daylight Time. f service, change in benefit, maximum being re Itted. itted. too of this page. Itted. Itted. itted. share portion Patient uppropriate	sources Your profile ins and Orthotics Provider ached, coordination of benefits \$100.00 \$75.00 \$25.00
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 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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6. Confirm patient consent in the popup window. Click *"OK"* to proceed.

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

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. 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 3CS. Ph. 780-498-7302

OK

Cancel

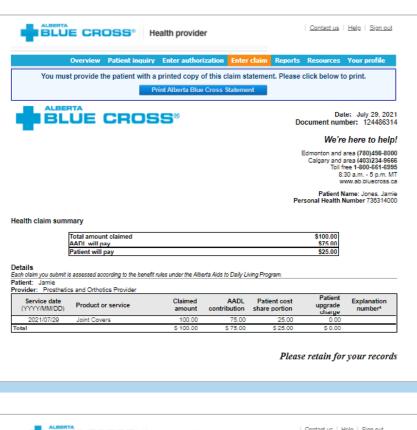
Press "OK" if you agree or "Cancel" to reconsider.

Street NW, Edmonton, Alberta, T5J 0N3.

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

8. 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

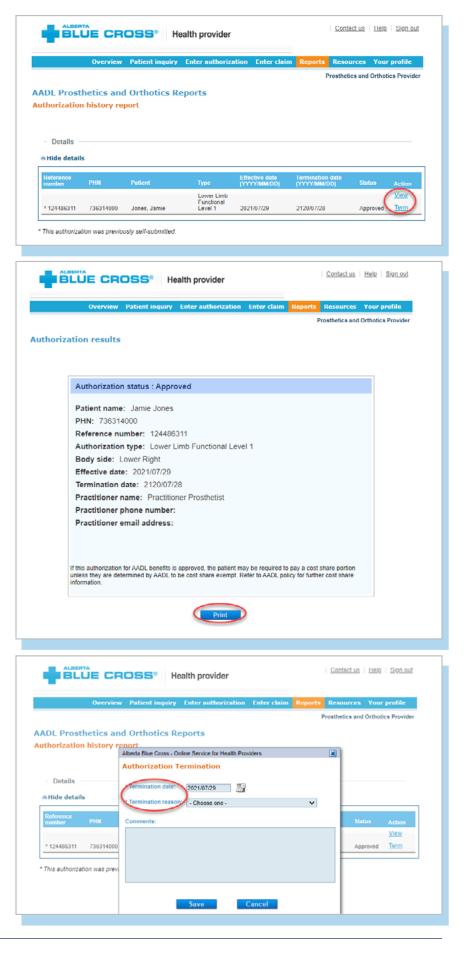
1. Navigate to the *"Reports"* menu option. This screen allows you to view all authorizations and claims for a specific individual or those submitted through your account.

BLUE CROSS® Health provider	Contact us Help Sign out
-	
Overview Patient inquiry Enter authorization Enter claim	Reports Resources Your profile Prosthetios and Orthotics Provider
eports	
Authorization history report 🤪	
iew all patient authorizations	
earoh by Patient 💙 * Start date (YYYYMMDD) 2021/01/29 🔤 * En	
Please note: Only date ranges up to 3 months in the future or within the last 1	5 months can be entered.
Create report	
Outstanding payment report 💿	
/iew 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 payme menu.	nt date from the below drop-down
Payment Date - Choose one - 💙	
In order to access provider statements online, please register for direct deport https://www.ab.blueoross.ca/pdfs/82928.pdf	sit. To register, visit our website at
Create summary Export sum	mary
To access payment history, please select a start and end date.	
Start date (YYYYMMDD) 2021/01/29 Sand date (YYYYM	MDD) 2021/07/29
Please note: Only date ranges within the previous 6 months can be entered.	
Create report Export rep	ort
Patient claim statements 🕑	
Find a patient and reproduce a Claim statement	
Please note: Only claim statements obtained by the patient within the last year	ar will appear.
Create claim statement	

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".

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 Start date (YYYYMMDD)	date (YYYYMMDD) 2021/10/29
*Please note: Only date ranges up to 3 months in the future or within the last 15	5 months can be entered.
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.



- 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 printerfriendly 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.

BLUE	ROSS® Hea	alth provider		Contact	us Helo Sign out
Övervi	ew Patient inquiry	Enter authorizat	ion Enter claim		es Your profile
Reports				Prosthetics	and Orthotics Provider
 Authorization history 	report 👔				
View all patient authoriz					
Search by Provider	* Start date (YYYY	MMDD) 2021/01/2	9 📝 * End	date (YYYYMMDD)	021/10/29
*Please note: Only date	ranges up to 3 month	is in the future o	r within the last 1	5 months can be en	itered.
	<	Create rep	ort		
	CROSS® He	alth provider		Conta	actius Helo Signiout
Over		Enter authoriz	ation Enter clai		
Oven	iew Patient inquiry and Orthotics Re	Enter authoriz	ation Enter clai		urces Your profile les and Orthotics Provider
Over AADL Prosthetics Authorization histor	iew Patient inquiry and Orthotics Re	Enter authoriz	ation Enter clair		
Over AADL Prosthetics Authorization histor - Dotalls # Hide details	iew Patient inquiry and Orthotics Re	Enter authoriz		Prosthet	
Over AADL Prosthetics Authorization histor - Dotalls # Hide details	riew Patient inquiry and Orthotics Re y report Patient	Enter authoriz	Effective date (YYYYYAMMDD) 2021/07/29		ics and Orthotics Provider
Over AADL Prosthetics Authorization histor - Details Hide details Reference PHN	iew Patient inquiry and Orthotics Re y report Patient	Enter authoriz eports Type Lover Limb	Effective date (YYYY/MM/DD)	Prosthet	Status Action
Over AADL Prosthetics Authorization histor - Dotalls Alide details Reference PHN • 124486311 736314	iew Patient inquiry and Orthotics Re y report Patient	Enter authoriz eports Type Lover Limb	Effective date (YYYY/MM/DD)	Prosthet	Status Action
Over AADL Prosthetics Authorization histor - Dotalls Alide details Reference PHN • 124486311 736314	iew Patient inquiry and Orthotics Re y report Patient	Enter authoriz eports Type Lover Limb	Effective date (YYYY/MM/DD)	Prosthet	Status Action

BLUE CROSS® Health provider	Comaci de	
Overview Patient inquiry Enter authorization Enter claim Reg	ports Resources Yo	ur profile
	Prosthetics and Orth	otics Provider
zation 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 unless they are determined by AADL to be cost share exempt. Refer to AADL policy to information.		
Print		1
Punt		

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

Overvi	w Patient inquiry Ente	r authorization	Enter claim	Reports	Resource	es Your	profile
				F	Prosthetics (and Orthoti	ics Provider
DL Prosthetics a	nd Orthotics Repor	ts					
orization history	Alberta Blue Cross - Online S	ervice for Health Prov	iders		×		
	Authorization Termi	nation					
Details	Termination date: 200	1/07/29			-		
Hide details	Termination reason			*			
eference							
umber PHN	Comments:					Status	Action View
124486311 73631400	0					Approved	Term
					F		
his authorization was pre	N						
					_		

 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.

BLUE CROSS [®] Health provide	er	Contact us	Help Sign out
Overview Patient inquiry Enter author	rization 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	1/01/29 🎲 En	d date (YYYYMMDD) 2021	10/29 🎼
*Please note: Only date ranges up to 3 months in the futu	re or within the last	15 months can be enter	ed.
Create	e report		
- Outstanding payment report 🕖			
View all claims remaining to be paid as of July 29, 2021			
Create	e report		



6. 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.

	Overview	Patient	inquiry Enter autho	prization Er	iter claim Report	s Resources	Your profile
						Prosthetics and	d Orthotics Provider
tstanding p	ayment re	port	and Orthotics			Need help cance	elling a claim? 👩
- Details - Hide details Service date (YYY/MM/DD	Patient na	ame F	Product or service	Amount claimed(\$)	AADL contribution(\$)	Document number	Action
Hide details Service late	Patient na Jones, Jai		Product or service Joint Covers		contribution(\$)	number	Action
Hide details Service late YYYY <i>MM/</i> DD		mie J C F		claimed(\$) 100.00	contribution(\$) 75.00 0.00	number 124486314 124486293	

7. 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.



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.

				Need help cance	elling a claim? 🔞
Service date	Patient	Service	Amount claimed(\$)	Alberta Blue Cross paid(\$)	Document number
2021/07/29	Jones, Jamie	Joint Covers	100.00	75.00	124486314
	- Select one - Additional servic Claim entered in Other		Ok		

8. 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.

	Overview	Patient inquiry	Enter authori	ization Enter clai	m Reports	Resources	Your profile
						Prostnetics and	Orthotics Provider
eports							
Authoriz	ation history repo	rt 🕖					
/iew all pa	tient authorizatio	16					
Search by	Patient	Start date (YYY	(YMMDD) 2021	1/01/29	End date (YY)	(YMMDD) 202	1/10/29
Please no	te: Only date ran	ges up to 3 month	ns in the futur	e or within the las	t 15 months	s can be enter	ed.
			Create	report			
Outstand							
	ling payment repo	rt 🕜					
/iew all cla		rt 🕑 be paid as of Jul	y 29, 2021				
/iew all cla		-	y 29, 2021 Create	report			
/iew all cla		-		report			
		-		report			
Payment	history report	be paid as of Jul	Create	report	nent date fr	om the below	drop-down
Payment To access menu.	history report	be paid as of Jul	Create		nent date fr	om the below	drop-down
Payment To access nenu.	history report your provider sur	be paid as of Jul	Create statement, se	lect the EFT payn			
Payment To access menu.	history report	be paid as of Jul	Create statement, se c, please regi				
Payment To access menu.	history report	be paid as of Jul many and claim : ose one · •	Create statement, se c, picase regi	lect the EFT payn	osit. To rcg		
Payment To access menu.	history report	be paid as of Jul imary and claim a ase one - V statements onlin	Create statement, se c, picase regi	lect the EFT payn	osit. To rcg		
Payment fo access menu. In order to <u>https://ww</u>	Inistory report	be paid as of Jul many and claim : ose one · •	Create statement, se c, please regi ary	Hect the EFT payn inter for direct dep Export su	osit. To rcg		
Payment To access nenu. In order to https://www	Inistory report	be paid as of Jul imary and claim a case one • • atatements onlin create summ blease select a st	Create statement, se c, please regi ary	Hect the EFT payn inter for direct dep Export su	osit. To rcg mmary	istor, visit our	
Payment o access nenu. In order to https://www	history report your provider sur ayment Date <u>Ch</u> paces provider wab bluecross c	be paid as of July amary and claim : ase one • • statements onlin a/pdfs/82928.pdf Create summ blease select a st D) 2021/01/29	Create statement, se c, please reg ary	Hect the EFT payn istor for direct dop Export su	osit. To reg mmary YMMDD) වූ	istor, visit our	website at

9. 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.

,	ment history report	-	y and claim s	tatement, s	elect the	EFT paym	ent date from	the below drop-dow	n	
menu			·							
	Payment Date	Choose o	nc - 🗙							
	rder to access provi s://www.ab.bluecros			e, please re	gister for	direct depo	sit. To registe	r, visit our website a	t	
		<	Create summa	ary		Export sun	imary			
To ac	cess payment histo	ry, plea:	se select a sta	art and end	date.					
	Start date (YYYY)	(MDD)	2021/01/29	<u>B</u>	Er	d date (YYYY)	MMDD) 2021A	07/29		
*Plea	se note: Only date	ranges \	within the pre-	vious 6 mor	nths can	be entered.				
			Create repor	t		Export re	port			
Ê	ÜE CROS	5 *								nt History Report y 29, 2021 - July 29, 2021
rosthetic	s and Orthotics Pro	vider								
covider of service Service date	e: AADL Prosthetics and Orthotic Patent PRN Patent		act or service	Quantity Amo	ant claimed(5)	AADL contribution(\$)	Patient cost share portion(\$)	Patient upgrade charge(\$) Cocument number	Invoice	Authorization reference

10. 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.

*Please note: Only claim statements obtained by the patient within the last year will appear.								
	Ĵe crose	• Health provider		Contact us	Helo 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.								
		nents obtained by the pa	tient within the las	t year will appe	ear.			
Please Note:	Only claim stater	s, Jamie	itient within the las	t year will appe	ear.			
Please Note: Patient informat Person	ion Name Jones	s, Jamie 14000		t year will appe	28r.			
Please Note:	Only claim stater ion Name Jone al Health Number 7363	s, Jamie 14000	AADL contribution(\$)	t year will appe Document ≎ number	Status			
Please Note: Patient informat Person rovider of service Service date	Only claim stater Name Jones al Health Number 7363 AADL Prosthetics and O	s, Jamie 14000 rtholics	AADL	Document 🗢				
Please Note: Patient informat Person rovider of service	Only claim stater ion Name Jones al Health Number 7363 AADL Prosthetics and O Service	s, Jamie 14000 rtholics Claimed amount(\$)	AADL contribution(5)	Document ≑ number	Status			

						our profile			
Choose anoth	er Claim Statement for this Individual.	You mu	You must provide the patient with a printed copy of this claim statement. Please click below to print.						
	Back	I	Print Alberta Blue Cross Statement						
		\$5 ®		Docume		July 29, 202 : 12448631			
			Patient Name: Jones, Jam Personal Health Number 73631400						
ealth claim	summary Total amount claimed AADL will pay		\$100.00 \$75.00						
	Patient will pay		\$25.00						
atient: Jamie	nit is assessed according to the benefit otics and Orthotics Provider Product or service	rules under the Alberta Alds to Da Claimod amount	AADL contribution	Patient cost share	Patient upgrade	Explanation number*			
ach claim you subr atlent: Jamle rovider: Prosth Service date (YYYY/MM/DD)	etics and Orthotics Provider	Claimed	AADL	Patient cost					

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

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.





provider.ab.bluecross.ca/health

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