

PSYCHOLOGICAL SERVICES AND SOCIAL WORK PROVIDERS USER GUIDE Online claims submission

January 2020

provider.ab.bluecross.ca/health

PSYCHOLOGICAL SERVICES AND SOCIAL WORK PROVIDERS USER GUIDE —ONLINE CLAIMS SUBMISSION

Alberta Blue Cross is pleased to offer online claims submission for psychology services and social work providers. This convenient service is delivered through an easy-to-use secure website and is available at no cost to psychologists and social workers across Alberta.

Online submission provides the convenience of direct billing for eligible services for your customers with coverage through Alberta Blue Cross group plans, individual plans and those with coverage through ASEBP. You are assured of prompt payment directly from Alberta Blue Cross, while retaining existing customers and gaining a competitive advantage over providers who may choose not to submit claims online.

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 claims submission, you must complete the Request for Secure Website Access web form and the Application for Direct Deposit of Funds form. Details about completing these forms at **ab.bluecross.ca**.

Please mail or fax your completed forms to

Health Provider Services, Alberta Blue Cross 10009 108 Street,

Edmonton, Alberta T5J 3C5 Fax: 780-498-3544 The Health Provider Services 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 of these emails, you can begin serving your customers through online claims submission.

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 Online Health Provider site at **provider.ab.bluecross.ca/health** and enter the login ID and password.

You will be asked to agree to the Website 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.

Claiming online is quick, easy and secure!

After validating a patient's identity and predetermining results as confirmed by the patient, you simply submit the claim for processing. Within seconds of submission, results are displayed. The patient will be required to pay only the portion not covered under their benefit 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.

EASY STEPS TO SUBMIT AND PROCESS A CLAIM

Steps for online submission

1. Enter the patient's information

Navigate to the "Enter claim" menu option and enter the patient's ID number and group number exactly as they appear on their Alberta Blue Cross or ASEBP ID card. Then ask the patient for their date of birth, enter the date and click the "Search" button.

Note

If you're submitting a claim for a returning patient, you can enter their last and first name to populate the ID number, group number and date of birth fields.

2. Verify whether the patient has Coordination of Benefits

Confirm if the patient has other active coverage and if payment has been made by another benefit carrier or provincial plan.

If "No": continue below.

If "Yes": continue to page 9.

3. Enter details

For an individual assessment or treatment, enter the service date, select the service, the number of hours and the total cost. Using the drop-down menu, select the practitioner who performed the service. If you have not previously added the practitioner details, you will need to add them into the system (See 3b)

Note

For group therapy, use the same guidelines as above.

	Overview	Enter claim	Reports	Resources	Your profile
					Care Chiropract
Enter claim					
Enter patient 🕜					
Enter a returning patient		Enter a nev	w patient		
Note: patients who have not had a clain	n submitted in the				
last six months will have to be entered a	is a new patient.				
	name	Gto	up number		
Enter patient name Last name, First					





3a. For a family assessment or treatment, enter the service date, number of hours and the total cost, and select the service. You must select all attending participants from the "*Patient name*" listing.

Note

There may be some circumstances when a claim cannot be processed electronically.

You will receive a notification on this screen and these claims will have to be submitted manually by the patient to Alberta Blue Cross.

3b. Enter practitioner details

To add a practitioner to the practitioner system, click "Add practitioner". A new window will pop up asking for practitioner information. Enter the details as required and click "OK". The system will validate the practitioner in real time.

Claim dataile 0	
Service date (YYYY-MM-DD)	2010-05-18
Service	Psychology - Family Assessment
	If this claim is for a Family Assessment/Treatment, select the corresponding check box for each family member who attended the session. Enter the total hours and oost of the session and the system will equally divide the cost between each participating family member.
Number of hours	
Patient Name	Smith, John Braith, Jane Smith, Danns Grath
Total cost (\$)	
Practitioner	Choose one - Add Practitioner Protitioner Details
	Add ctgim
	Cancel <u>P</u> redetermine

)ss®
Add your practitioner	
Please fill in the required fields to add a prov	ider
General information	
First name	
*Last name *Include	last name only
*Association/College number	
to 1.0.10	
*Required helds	
	Cancel OK
Enter claim	
Eastern data lla	
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Enter details Error The provider was not valid on the date the sen at (70)-490-0003 (Edmonton & areas), toil-fre Patient information D number 78011122-11 Group number 99 Claim type Provider of service Claim details Service date (YYYY-MM-DD) Service Number of hours Total cost (\$) Practitioner	vice was provided. Picase contact an Alberta Blue Cross representative e in other areas of Canada 1-000-580-1195 Psychology 2016-05-24 Psychology - Individual Treatment Psychology - Individual Treatment Practitioner

Note

If you add a practitioner who is not eligible to perform a service on the service date, the error message "Practitioner is not eligible on the date of service" will appear. At this point you will be unable to proceed entering claim details.

3c. Enter details

Once the added practitioner is validated, you will be taken back to the "Enter details" screen. The added provider will now be selectable using the drop-down menu. Enter the claim details as required and click "Add claim". If you have more claims to enter, continue entering them and verify details as they appear in the claim details table. Once complete, click "Predetermine".

Note

If you are entering a claim for a family assessment or treatment, you will be required to add the claim information for each family member.

Individual

		Overview	Enter claim	Reports	Resources	Yo	ur profile
						ABC	lealth Clini
Enter claim							
Enter details							
atient information							
ID no Group no	Name Smith, Jo mber 7801112 mber 00	ohn 22-11					
laim type 🕜							
	Deer	idea of consider De	- hala - s				
	Prov	rider of service Ps	Yonology				
laim details 🕜 —							
	Service date	(YYYY-MM-DD)					
		Service Ch	oose one -	¥			
	N	umber of hours					
		Total cost (\$)					
		Practitioner - Chu	ose one - V Add P	ractitioner			
		Erac.	coner Details				
			Add elaim				
			Add cl <u>a</u> lm				
			e Total cost (\$)		Practitioner		
Service date (YYYY-MM-DD)	Service	Patient's Nam					
Service date (YYYY-MM-DD)	Service Psychology -	Patient's Nam					
Service date (YYYY-MM-DD) 2016-05-01	Service Psychology - Individual Assessment	Smith, John	100.00		Practitioner	Modify	Remove
Service date (YYYY-MM-DD) 2016-05-01	Service Psychology - Individual Assessment	Smith, John	100.00		Practitioner	Modify	Remove

Family

ID n	Name Smith, Joh	in 2-11				
Group n	umber 99					
aim type 🅜						
	Provi	der of service Ps	sychology			
im details 🕜						
	Francisco data (D		(
	Service date (1		U.S.			
		Service - Ch	100se one -	×		
	Nur	mber of hours				
		Total cost (\$)				
			Add Dreatitio	ner		
		Practitioner - Cho	Aug Practico	1110-1		
		Practitioner - Gho	titioner Details			
		Practitioner - Cho Prac	titioner Details			
		Practitioner - Che Prac	Add claim			
		Practitioner - Che Prac	Add claim			
Service date (YYYY MM DD)	Service	Practitioner - Cho Prac Palient's Nam	Add claim	Practitioner		
Service date (YYYY MM DD)	Service Psychology - Eamly	Practitioner + One Prac	e Total cost (\$)	Practitioner	_	
Service date (YYYY MM DD) 2016-05-18	Service Psychology - Family Assessment	Practitioner - Che Prac	e Total cost (\$)	Practitioner	Modify	Remove
Service date (YYYY MM DD) 2016-05-18	Service Paychology - Family Assessment Paychology -	Practitioner Cras	e Total cost (\$) 25.00	Practitioner	Modify	Remove
Service date (YYYY MM DD) 2016-05-18 2016-05-18	Service Paychology - Family Assessment Paychology - Family Assessment	Pratemioner Cone Pratemi's Nam Smith, John Smith, Jame	e Total cost (\$) 25.00	Practitioner Practitioner Practitioner	Modify	Remove
Service date (YYYY MM DD) 2016-05-18 2016-05-18	Service Paychology - Family Assessment Paychology - Family Assessment Psychology -	Pratemioner Cres Pratemi's Nam Smith, John Smith, Jarre	e Total cost (\$) 25.00	Practitioner Practitioner Practitioner	Modify Modify	Remove Remove
Service date (YYYY MM DD) 2016-05-18 2016-05-18 2016-05-18	Service Psychology - Family Assessment Psychology - Family Assessment Psychology - Family Assessment	Patient's Nam Smith, John Smith, Jane	cost (\$) 25.00 25.00	Practitioner Practitioner Practitioner Practitioner	Modify Modify Modify	Remove Remove
Service date (YYYY MM DD) 2016-05-18 2016-05-18 2016-05-18	Service Paychology - Family Assessment Paychology - Family Assessment Psychology - Family Assessment Psychology -	Patient's Nam Smith, John Smith, Jane	Add claim c Total cost (\$) 25.00 25.00	Practitioner Practitioner Practitioner Practitioner	Modify Modify Modify	Remove Remove Remove
Service date (YYYY MM DD) 2016-05-18 2016-05-18 2016-05-18 2016-05-18	Service Paychology - Family Assessment Paychology - Family Assessment Psychology - Family Assessment Psychology - Family Assessment	Patient's Nam Smith, John Smith, Jane Smith, Dennis	Koo Pastado Koo Pasta	Practitioner Practitioner Practitioner Practitioner	Modify Modify Modify	Remove Remove Remove
Service date (YYYY MM DD) 2016-05-18 2016-05-18 2016-05-18 2016-05-18	Service Psychology - Family Assessment Psychology - Family Assessment Psychology - Family Assessment	Patient's Nem Smith, John Smith, Jane Smith, Dennis Smith, Sarah	Add claim Cost (\$) 25.00 25.00 25.00 25.00 25.00 25.00	Practitioner Practitioner Practitioner Practitioner Practitioner	Modify Modify Modify Modify	Remove Remove Remove

Note

If you only select one family member, the error message "For Family assessment/treatment, please ensure more than one family member has been selected" will appear. At this point you will be unable to proceed until you select more than one family member.

Family

Enter claim		ABC Health Clini
Enter details		
Error		
For Family Assessment/Treatment,	please ensure more than one family member has been selec	cted.
Patient information		
Name Smith, John ID number 780111222- Group number 99	11	
Claim type 👔		
Provide	a of service Psychology	
Claim details 🕜		
Service date (YY	YY-MM-DD) 2016-05-24	
	Service Psychology - Family Assessment	
Numl	ber of hours	
P	atient Name Smith, Jane Smith, Dennis Smith, Sarah	
т	otal cost (\$) 100	
	ractitioner Practitioner Add Practitioner Practitioner Details	
	Add claim	
	Cancel <u>Predetermine</u>	

4. Predetermine

This is a simple inquiry into the patient's benefit plans to determine the coverage available. 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.

	Overview	Enter claim	Reports	Resources	Your profile
Enter claim Predetermine					ABC Health Cli
Patient information					
Name Smith ID number 7801 Group number 99	, John 11222-11				
ummary					
Total amount sub	mitted:			\$100.00	5
Plan(s) will pay:				\$50.00)
Balance remainin	ng:			\$50.00)
This is not a receip Please click the Mod	t. Your claim has no ify, Cancel, or Proces	t heen suhmitted. is Claim hutton at th	e hattam of this	раде.	
etails					
etails PShow details					

Note

You will be able to see the claim information for all family members selected If you are entering a claim for a family assessment or treatment.

	Total amount	submitted:					\$100.00	
	Plan(s) will pa	ву:					\$100.00	
	Balance rem	aining:					\$0.00	
+T Ple	his is not a re ase click the	Modify, Can	r claim has not be icel, or Process C	en submitted. laim button at	the bottom	of this page.		
ails								
-lide details								
ervice provi								
	der: ABC Psych	ology						
Comico	der: ABC Psych	ology				9		
Service date YYYY/MM/DD)	der:ABC Psych	Patient's Name	Practitioner	Claimed amount	Eligible amount	Other plan paid	This plan paid	Explanation number
Service date YYYY/MM/DD)	Service Psychology	Patient's Name	Practitioner	Claimed amount	Eligible amount	Other plan paid	This plan paid	Explanation number
Service Jate YYYY/MM/DD) 2016/05/18	Service Psychology - Family Treatment	Patient's Name Smith, John	Practitioner	Claimed amount 25.00	Eligible amount 25.00	Other plan paid 0.00	This plan paid 25.00	Explanation number
Service date (YYYYY/MM/DD) 2016/05/18	Service Psychology - Family Treatment Psychology	Patient's Name Smith, John	Practitioner Practitioner	Claimed amount 25.00	Eligible amount 25.00	Other plan paid 0.00	This plan paid 25.00	Explanation number
Service date yyyymmod) 2016/05/18	Service Psychology - Family Treatment Psychology - Family Treatment	Patient's Name Smith, John	Practitioner Practitioner	Claimed amount 25.00	Eligible amount 25.00	Other plan paid	This plan paid 25.00	Explanation number
Service date 2016/05/18 2016/05/18	Service Psychology - Family Treatment Psychology - Family Treatment	Patient's Name Smith, John Smith, Jane	Practitioner Practitioner Practitioner	Claimed amount 25.00 25.00	Eligible amount 25.00 25.00	Other plan paid 0.00	This plan paid 25.00 25.00	Explanation number 20962 20962
Service date (YYYY/MM/DD) 2016/05/18 2016/05/18	Service Psychology - Family Treatment Psychology - Family Treatment Psychology - Family	Patient's Name Smith, John Smith, Jane Smith,	Practitioner Practitioner Practitioner	Claimed amount 25.00 25.00	Eligible amount 25.00 25.00	Other plan paid 0.00	This plan paid 25.00 25.00	Explanation number 20962 20962
Service date (YYYY/MM/DD) 2016/05/18 2016/05/18	Service Psychology - Family Treatment Psychology - Family Treatment Psychology - Family Treatment	Patient's Name Smith, John Smith, Jane Smith, Dennis	Practitioner Practitioner Practitioner	Claimed amount 25.00 25.00 25.00	Eligible amount 25.00 25.00 25.00	Other plan paid	This plan paid 25.00 25.00 25.00	Explanation number 20962 20962 20962
Service date (YYYY/MMDD) 2016/05/18 2016/05/18 2016/05/18	Service Psychology - Family Treatment Psychology - Family Treatment Psychology - Family Treatment Psychology	Patient's Name Smith, John Smith, Jane Smith, Dennis	Practitioner Practitioner Practitioner	Claimed amount 25.00 25.00 25.00	Eligible amount 25.00 25.00 25.00	Other plan paid 0.00 0.00	This plan paid 25.00 25.00 25.00	Explanation number 20962 20962 20962
Service date 2016/05/18 2016/05/18 2016/05/18 2016/05/18	Service Psychology - Family Treatment Psychology - Family Treatment Psychology - Family Treatment Psychology - Family Treatment	Patient's Name Smith, John Smith, Jane Smith, Dennis Smith, Sarah	Practitioner Practitioner Practitioner Practitioner	Claimed amount 25.00 25.00 25.00	Eligible amount 25.00 25.00 25.00 25.00	Other plan paid 0.00 0.00 0.00	This plan paid 25.00 25.00 25.00 25.00	Explanation number 20962 20962 20962 20962

20962 This product is subject to a frequency maximum.

Click here to print

Modify Cancel Process claim

5. Process claim

You will receive a confirmation from Alberta Blue Cross within seconds of your submission.

A printable copy of the patient's claim statement is displayed. You must provide the patient with a printed copy of the "Claim statement".



By accepting this claim summary, I certify that the information on this claim summary is complete and accurate and the services and/or products listed have been received by the patient indicated. Tako actnowledge that, by presenting my Alberta Blue Cross Identification number for a benefit plan administed by Alberta Blue Cross to the named Service Provider. I concert and a gree to:

Note

Family assessment or treatment claim statements will include the claim information for all family members selected.

Health claim summary

Total amount claimed	\$100.00
Total amount not paid	\$0.00
Amount paid	\$100.00

Details Each claim you submit is assessed according to the rules of your benefit plan. Please refer to the explanations near the end of this statement for descriptions of terms, and to your benefit booklet for plan details.

Service date (YYYY/MM/DD)	Product or service	Patient's Name	Practitioner	Claimed amount	Eligible amount	Other plan paid	This plan paid	Explanation number*
2016/05/18	Psychology - Family Treatment	Smith, John	Practitioner	25.00	25.00	0.00	25.00	
2016/05/18	Psychology - Family Treatment	Smith, Jane	Practitioner	25.00	25.00	0.00	25.00	
2016/05/18	Psychology - Family Treatment	Smith, Dennis	Practitioner	25.00	25.00	0.00	25.00	
2016/05/18	Psychology - Family Treatment	Smith, Sarah	Practitioner	25.00	25.00	0.00	25.00	
Total				\$100.00	\$100.00	\$0.00	\$ 100.00	

Acknowledgment

By accepting this claim summary, I certify that the information on this claim summary is complete and accurate and the services and/or products listed have been received by the patient indicated. I also acknowledge that, by presenting my Alberta Slue Cross identification card or my identification number for a beent plan administenci by Niets I but Cross to the named Service Provider, I concent and agree to:

- The Service Provider submitting a claim containing my personal information to Alberta Blue Cross on my behaif and I authorize payment of this claim by Alberta Blue Cross directly to the Service Provider.
 Alberta Blue Cross curving my personal information to actemine my sligibility for benefite, to adjudicate/pay ealine, to administer the terms of my benefit plan and to verifyaudit paid claims as desoribed in the Alberta Blue Cross Privacy Policy posted at tww ab blueorose.a, and
 The Service Provider discoursing my personal information to Alberta Blue Cross for the above purpose.

Please retain for your records

STEPS FOR ONLINE SUBMISSION WITH COORDINATION OF BENEFITS BETWEEN ALBERTA BLUE CROSS AND ANOTHER BENEFIT CARRIER

Individual

1. Patient has Coordination of Benefits

Click "Yes" if a portion of this claim has already been paid by another benefit carrier and if you would like to submit the remaining amount to this plan.

	Overview	Enter claim	Reports	Resources	Your profi
Enter claim Coordination of Ber	nefits Information				ABC Health C
Patient information					
ID number Group number	Smith, John 790111222-11 99				
COB information 🕜					
is the patient entitled to receive	comparable benefits from an health benefits company of	y other insurance comp r Alberta Blue Cross Pla	any,) No	
If the claim was submitted thro	ugh another benefit carrier o	r provincial plan, would	you es (No	

2. Enter the amount paid

Enter the amount paid by the other benefit carrier for each claim line. If payments have been made by two or more other benefit carriers, combine the amount paid and enter one total for each claim line.

Enter details

Select a service and enter the total cost. Using the drop-down menu, select the practitioner who performed the service. If you have not previously added the practitioner details, you will need to add them into the system.

Contact us Help Sign out BLUE CROSS[®] Health provider Your profile **ABC Health Clin** Enter claim Enter details Patient information Smith, John 780111222-11 Claim type 🔞 Provider of service Psychology Claim details 🕜 date (YYYY-MM-DD) 2018-05-24 Service Psychology - Individual Assessment 🗸 1 er of hours Total cost (\$) 100 (3) 50 Other plan Add Pra Add claim Cancel Predetermine

Family

2a. If entering a family assessment or treatment claim with coordination of benefits, the "*Other plan paid*" box will not appear. Instead, you will manually enter the amount paid by another benefit carrier for each family member.

> If the amount paid by another benefit carrier is zero, you must enter "0" in the field.

Claim details 🕢 Service date (YYYY-MM-DD) Service - Choose one -V Number of hours Total cost (\$) - Choose one - V Add Practitioner Add claim Patient's Name Total cost (5) Other plan Psychology -Family Assessment 2016-05-24 25.00 Smith, John Practitioner Modify Remove Psychology -Family Assessment Modify Remove 2016-05-24 Smith, Jane 25.00 Practitioner Psychology -Family Assessment 2016-05-2 Smith, Dennis 25.00 Practitioner Modify Remove Psychology -Family Assessment Practitioner 2016-05-24 25.00 Smith, Sarah Modify Remove \$100.00 \$0.00 Cancel Predetermin

Family

Service date (YYYY-MM-DD)	Service	Patient's Name	Total cost (\$)	Other plan paid (\$)	Practitioner		
2016-05-24	Psychology - Family Assessment	Smith, John	25.00		Practitioner	Modify	Remove
2016-05-24	Psychology - Family Assessment	Smith, Jane	25.00		Practitioner	Modify	Remove
2016-05-24	Psychology - Family Assessment	Smith, Dennis	25.00		Practitioner	Modify	Remove
2016-05-24	Psychology - Family Assessment	Smith, Sarah	25.00		Practitioner	Modify	Remove
			\$100.00	\$0.00	/		

EASY STEPS TO ACCESS REPORTS

1. Reports

This screen allows you to pull up all claims waiting to be paid, history of settled claims and individual statements.

Outstanding payment report •

The outstanding payment report lists all transactions that are remaining to be paid and allows you to cancel a claim.

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". Once payment has been issued, you can view and print the claims statement.

Patient date

Select a start and end date to • view a patient's payment history

Patient claim statements

This allows you to print a copy of the patient claim statements.



Note

Sort: This is currently available for outstanding payment reports and patient claim statements. You can sort the column by clicking on the doubleheaded arrow, located beside the column title.



ue uetails						
Service date (YYYY/MM/DD() Patien(;)	Service	Amount claimed(S(s)	Alberta Blue Cross paid(5(1)	Document numbe	Cancel claim
2016/05/24	Smith, John	Psychology - Individual Treatment	100.00	50.00	47787686	Cancel
2016/05/01	Smith, Sarah	Psychology - Individual Treatment	130.00	110.00	47787653	Cancel
2016/05/19	Smith, Dennis	Psychology - Family Treatment	34.00	34.00	47787649	



Help: For additional information, click the help button (blue button with a question mark). The help button has answers to questions that are frequently asked about the section.

2. Outstanding payment report

The outstanding payment report lists all transactions that are remaining to be paid. Once the transactions have been paid, they will be removed from this report and appear on the payment history report.

Reports	
Outstanding payment report 🥑	
View all claims remaining to be paid as of	f May 13, 2016
Provider of service	Psychology
*Please note: If there are any claims to b	be cancelled, they can be viewed and cancelled within this report.
	Create report

design of the second second	Branchastan					
tails	sychology			Nee	o neip cancelling	a claim?
lide details						
Service date (YYYY/MM/DD) #	Patients	Service (Amount claimed(\$);	Alberta Blue Cross paid(\$);	Document number.	Cancel claim
2016/05/24	Smith, John	Psychology - Individual Treatment	100.00	50.00	47787686	Cancel
2016/05/01	Smith, Sarah	Psychology - Individual Treatment	130.00	110.00	47787653	Cancel
2016/05/19	Smith, Dennis	Psychology - Family Treatment	34.00	34.00	47787649	
2016/05/19	Smith, Jane	Psychology - Family Treatment	33.00	33.00	47787649	
2016/05/19	Smith, John	Psychology - Family Treatment	33.00	33.00	47787649	
2016/05/20	Smith, Jane	Psychology - Individual Assessment	100.00	50.00	47787649	
Total			\$430.00	\$310.00		

Click here to print

3. Payment history reports

Claims statements are available to view and print for one year.

Payment history is available for claims submitted in the last six months.

Payment history report 🕜 ———————————————————————————————————	
Provider of service	Psychology
To access your provider summary and cla down menu.	im statement, select the EFT payment date from the below drop-
Payment Date Cloudse one - 2016-05-19 2018-05-24	
	Create summary

3a. Provider statement and summary

To access your claim statement, select the EFT payment date to create a PDF of your provider summary report, which can be saved or printed.



PROVIDER SUMMARY

Date: May 24, 2016 Health statement number: 341/9812 PAYMENT MADE BY DIRECT DEPOSIT: 8103499

Health claim summary

	Total amour Amount not	t claimed covered	\$560.00 \$107.00	
	Total amour	t paid	\$453.00	
etails Document number	ID number	Patient name	Amount clain	ned Amount pak
47787508	4008023-18	John Smith	97	7 00 37 00
47787598	4008023-17	Jane Smith	37	7.00 0.00
47787508	4008023-18	John Smith	37	7.00 37.00
47787608	1008023 10	Jane Smith	30	0.00 30.0
47787002	4740091-49	Dennis Smith	80	0.08 00.0
47787649	780111222-11	John Smith	33	3.00 33.00
47787649	780111222-12	John Smith	133	3.00 83.0
47787649	780111222-13	Jane Smith	34	4.00 34.0
47787653	2319584-52	Dennis Smith	130	110.0
TOTALS FOR THIS ST	TATEMENT		\$560	00 \$453.0

Service	780111222-11 Group. 99	Section. TST				Docum	ment ID: 4770764
date YYYY/MM/DD	Product or service	Claimed amount	Eligible amount	Percent covered	Other plan paid	This plan pald	Explanation number
2010/05/19	Psychology treatment	33.00	33.00	100%	0.00	33.00	
Totals for J	ohn	\$33.00			\$0.00	\$33.00	
Patient nan	ne: Jane Smith						
D number:	780111222-12 Group: 00	Section: TST				Docum	ment ID: 4778764
Service	Product or service	Claimed	Eligible	Percent	Other plan	This plan	Explanatio
		amount	amount	oovered	paid	paid	number
2018/05/19	Psychology treatment	33.00	33.00	100%	0.00	33.00	
2016/05/20	Psychology assessment	100.00	50.00	100%	50.00	50.00	312
Totals for J	ane	\$133.00			\$50.00	\$83.00	
Patient nan	ne: Dennis Smith						
D number:	780111222-13 Group: 99	Section: TST				Docum	nent ID: 4778764
Service	Product or service	Claimed	Eligible	Percent	Other plan	This plan	Explanatio
date YYYY/MM/DD		amount	amount	covered	paid	paid	number
2016/05/19	Psychology treatment	34.00	34.00	100%	0.00	34.00	
Totals for D)ennis	\$34.00			\$0.00	\$34.00	
Patient nan	ne: Jane Smith						
D number:	2319584-52 Group: 14200	Section: R				Docum	nent ID: 477876
Service	Product or service	Claimed	Eligible	Percent	Other plan	This plan	Explanatio
date YYYY/MM/DD		amount	amount	covered	paid	paid	number
2016/05/01	Psychology treatment	130.00	110.00	100%	0.00	110.00	334
Totals for J	lane	\$130.00			\$0.00	\$110.00	
Explanatio	ns						
See the num	bered explanations below for details	of how your claims we	re assessed. Mo	ore than one nun	bered explanati	on may apply to a	a claim line.
3123	Payment has been reduced as the m	aximum amount allow	ed for this servic	e has been read	hed. The service	is limited to \$50 i	in 1
	Days starting January 1.						
0045	Payment has been reduced as the m	aximum amount allow	ed for this servic	e nas been read	nea. The service	is limited to \$110) per
3345	occurrence					verage is	
3345 344	Our files indicate coordination of ben	efits apply. Please pr	ovide a statemen	t from the primar	y carrier or if co		
3345 344	occurrence. Our files indicate coordination of ben terminated, please indicate the termi	efits apply. Please prination date. Resubmi	ovide a statemen t this information	t from the primar with this Explana	y carrier or if co ation of Benefits	statement.	
3345 344	occurrence. Our files indicate coordination of ben terminated, please indicate the termi	efits apply. Please pr nation date. Resubmi	ovide a statemen t this information	t from the prima with this Explan	y carrier or if co ation of Benefits	statement.	
3345 344	occurrence. Our files indicate coordination of ben terminated, please indicate the termi	efits apply. Please prination date. Resubmi	ovide a statemen t this information	t from the prima with this Explan	y carrier or if co ation of Benefits	statement.	
3345 344 Jnderstand	occurrence. Our files indicate coordination of ben terminated, please indicate the termi ting this statement - Terms and	efits apply. Please prination date. Resubmi	ovide a statemen t this information	t from the prima with this Explan:	y carrier or if co ation of Benefits	statement.	
3345 344 Understand	occurrence. Our files indicate coordination of ben terminated, please indicate the termi ting this statement - Terms and unt: This is the portion of the Claime.	efits apply. Please prination date. Resubmi I Explanations	ovide a statemen t this information Other pla	t from the prima with this Explan an paid: This is t	y carrier or if co ation of Benefits he amount anot	statement. 1er benefit plan h:	as already
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3345 344 Jnderstand ligible amou xceeding the eimbursemer nd/or co-pay	occurrence. Our files indicate coordination of ben terminated, please indicate the termi ling this statement - Terms and unt: This is the portion of the Claims arount claims() that is calculated it it subject to the terms of your plan. It ment amounts if they apply. You are	efits apply. Please pn nation date. Resubmi I Explanations d amount (not be eligible for includes deductible responsible for the	ovide a statemen t this information Other pl: paid for y individual combine	t from the prima with this Explan: an paid: This is t our claim. Thro s, couples or far their benefit cove	y carrier or if con ation of Benefits the amount anoth righ coordination niles with more to arage to receive	statement. her benefit plan h of benefits (COB) han one benefit pup to the maximu	as already), eligible Jan can m eligible
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Part of your healthy future.

3b. Payment history

Enter a start and end date for the claim information you wish to display.

All transactions that have been paid by Alberta Blue Cross to your office within the specified time are listed on a printer-friendly screen. Statement IDs and document numbers are included for your reference, as well as details about each patient's claim.

10 000						
Star	rt date(YYYYMM	DD) 20'	16/05/13	End date(YYYY	MMDD) 2016/05/13	
*Pleas	e note: Only	date r	anges within the previous	6 months can be en	tered.	
			Create	e report		
					-	_
AL	BERTA	-			Payment Histo	bry Report
	BLUE	C	ross®		for May 1, 2016 - 1	way 25, 2016
_						
вс пе	aith Clir	nc				
	th Street N AB, T5J3					
0009 1081 dmonton ovider of serv ervice date YYY-MM-DD)	AITH CIII th Street N AB, T5J3 vice: Psycholo Patient	11C W 8C5 999	Product or service	Amount claimed(\$)	Alberta Blue Cross paid (\$)	Document numb
DC Re 009 1081 dmonton ovider of serv ervice date YYYY-MM-DD) Statement I	AITH CIII th Street N A, AB, T5J3 vice: Psycholo Patient	NIC IW SC5 ogy Date	Product or service 5/19/2016	Amount claimed(\$)	Alberta Blue Cross paid (\$)	Document numb
DOO9 1081 dmonton ovider of serv ervice date YYY-MM-DD) Statement I 118-05-17	AITH CIII th Street N , AB, T5J3 vice: Psycholo Patient D 34179797 Smth, Dennis	Date	Product or service 5/19/2018 Psychology treatment	Amount claimed(\$)	Alberta Blue Cross paid (\$) 90.00	Document numb
bc ne 0009 1081 dimonton evider of serv evice date YYY-MM-DD) Statement I 118-05-17 116-05-01	AITH CIII th Street N A, AB, T5J3 vice: Psycholo Patient D 34170707 Smth, Dennis Smth, Jane	NIC IW SC5 ogy Date	Product or service 5/19/2016 Psychology treatment Psychology assessment	Amount claimed(\$) 100.00 50.00	Alberta Blue Cross paid (\$) 90.00 50.00	Document numb 47787483 47787485
bc ne 0009 1081 dimonton ovider of server ervice date yyyy-MM-DD) Statement I 116-05-01 116-05-01	AITH CIII th Street N A, AB, T5J3 vice: Psycholo Patient D 34179797 Smth, Dennis Smth, Jane Smth, John	Date	Product or service 5/19/2018 Psychology treatment Psychology assessment Psychology assessment	Amount claimed(\$) 100.00 50.00 50.00	Alberta Blue Cross paid (\$) 90.00 50.00 0.00	Document numb 47787483 47787480
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BC Re 0009 1081 dmonton wider of service wider of service wider of service wider of service statement I 16-05-01 16-05-01 16-05-01 Statement I 18-04-28	AITN CIII th Street N o, AB, T5J3 vice: Psychole Patient D 34179797 Smth, Dennis Smth, Jane Smth, John D 34170812 Smith, Dennis	Date	Product or service 5/19/2018 Psychology treatment Psychology assessment Psychology assessment Total 5/24/2018 Psychology treatment	Amount claimed(\$) 100.00 50.00 200.00 200.00 37.00 37.00	Alberta Blue Cross paid (5) 90.00 50.00 0.00 140.00 37.00 37.00	Document numb 4778/483 47787480 47787598
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DC 108 1009 108 1000 1000 1000 1000 1000 1000 1000 10	Alth Cliff th Street N A, AB, T5J3 vice: Psychole Patient D 34179797 Smth, Dennis Smth, John D 24170912 Smith, Jane Smith, Jane	Date	Product or service 5/19/2018 Psychology treatment Psychology assessment Total 5/24/2018 Psychology treatment Psychology treatment Psychology treatment Psychology treatment	Amount claimed(\$) 100.00 50.00 200.00 200.00 37.00 37.00 37.00 39.00	Alberta Blue Cross paid (\$) 90.00 50.00 0.00 146.60 37.00 37.00 0.00 39.00	Document numb 4778/483 47787480 47787508
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Statement I 106-0-12 Statement I 106-0-20	AITN CIII th Street N A, AB, T5J3 vice: Psycholo Patient D 34170797 Smth, Dennis Smth, John D 34170812 Smith, John Smith, Jane Smith, Jane Smith, Jane Smith, Jane	Date	Product or service 5/19/2016 Psychology treatment Psychology assessment Psychology treatment Psychology treatment Psychology treatment Psychology treatment Psychology treatment Psychology treatment Psychology treatment Psychology treatment Psychology treatment	Amount claimed(\$) 100.00 60.00 50.00 200.00 37.00 37.00 37.00 37.00 380.00 80.00 24.00	Alberta Blue Cross paid (\$) 90.00 0.00 140.00 37.00 37.00 0.00 39.00 80.00 34.00	Document numbr 47787483 47787480 47787568 47787568 47787569
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BCC He 00009 108-1 dmonton ovider of service date ervice date fibe0-26-01 bibe0-28 bibe0-28 bibe0-28 bibe0-29	AITN CIII th Street N , AB, T5J3 vice: Psycholo Patient D 34170707 Smth, Jane Smth, Jane Smth, Jane Smith, Jane Smith, Jane Smith, Jane Smith, Jane Smith, Jane Smith, Jane Smith, Jane	Date	Product or service 5/19/2018 Psychology treatment Psychology assessment Psychology treatment Psychology treatment	Amount claimed(\$) 100.00 50.00 200.00 200.00 37.00 37.00 37.00 37.00 34.00 80.00 80.00 33.00 30.00 30.00 30.00 30.00 30.00 30.00 30.00 30.00 30.00 30.00 30.00 30.00 30.00 30.00 30.	Alberta Blue Cross paid (\$) 90.00 50.00 0.00 146.00 37.00 37.00 37.00 37.00 39.00 80.00 34.00 33.00 33.00 33.00	Document numb 4778/483 47787480 47787568 47787568 47787569
IDC He 0009 108t dmonton wider of servi wider of servi wider of servi production Statement 1 116-02-01 Statement 2 Statement 2	AITN CIII th Street N A, AB, T5J3 vice: Psycholo Patient D 34170797 Smth, Dennis Smth, John D 34170812 Smith, Jane Smith, Jane Smith, Jane Smith, Jane Smith, Jane Smith, Dennis Smith, Dennis Smith, Dennis Smith, Dennis Smith, Jane	Date	Product or service 5/19/2018 Psychology treatment Psychology assessment Psychology treatment Psychology treatment	Amount claimed(\$) 100.00 50.00 200.00 37.00 37.00 37.00 37.00 34.00 34.00 33.00 33.00 100.00	Alberta Blue Cross paid (\$) 90.00 0.00 146.00 37.00 37.00 0.00 39.00 39.00 34.00 33.00 50.00	Document numbr 4/18/483 47787480 47787508 4/787602 47787049
No. 2010 1081 dmonton ovider of service date yyyy.MM.DD) Statement I 116-05-01 116-05-01 116-04-28 116-04-28 116-04-28 116-04-28 116-04-28 116-04-28 116-04-28 116-04-28 116-04-28 116-04-29 116-05-01 116-05-01	AITN CIII th Street N A, AB, T5J3 vice: Psycholo Patient D 34179797 Smith, Dennis Smith, Jane Smith, Jane Smith, Jane Smith, Jane Smith, Dennis Smith, Dennis Smith, Dennis Smith, Jane	Date	Product or service 5/19/2016 Psychology treatment Psychology assessment Psychology sessesment 5/24/2018 5/24/2018 Psychology treatment Psychology treatment	Amount claimed(\$) 100.00 50.00 200.00 37.00 37.00 37.00 34.00 34.00 33.00 33.00 100.00 130.00	Alberta Blue Cross paid (\$) 00.00 0.00 140.80 37.00 37.00 37.00 39.00 39.00 39.00 34.00 33.00 33.00 35.00 50.00 110.00	Document numb 4/78/483 47787480 47787508 47787508 47787002 47787049 47707853

EASY STEPS TO CANCEL A CLAIM

Reports

1. Cancel

To cancel a claim, click the hyperlink.

If the cancellation 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. Please refer to the help icon for further instructions about how to cancel your claim.

Outstanding payment report Provider of service Psychology Need help cancelling a claim? 🔞 Details Allide details Alberta Blue Cross paid(\$); Service date (YYYY/MM/DD)
Patient Amount claimed(\$); Canc Psychology - Individual Treatment 2016/05/24 Smith, John 100.00 50.00 47787686 Cancel Psychology - Individual Treatment 2016/05/01 Smith, Sarah 130.00 110.00 47787653 Cancel Psychology - Family Treatment 2016/05/19 Smith, Dennis 34.00 34.00 47787649 Psychology - Family 2016/05/19 Smith, Jane Treatment 33.00 33.00 47787649 Psychology - Family Treatment 2016/05/19 Smith, John 33.00 33.00 47787649 Psychology - Individual Assessment 47787649 2016/05/20 Smith, Jane 100.00 50.00 Total \$310.00 \$430.00

Click here to print

Note

If a payment run is in progres you will receive notification the the claim cannot be cancelle

Outstandinu r	avment report	
Information		
Cancellation op	tions are unavailable at this time as our paym	ient runs are currently in progress. We apologize for this
inconvenience a	ind encourage you to review the steps in the	ed help cancelling a claim .
Provider of service	Psychology	eo help cancelling a claim . Need help cancelling a claim?
Provider of service Details	Psychology	eo help cancelling a claim . Need help cancelling a claim?

2. Cancellation review

If you choose to cancel a claim, you will be asked for the reason. A dropdown menu lists common reasons.

When cancelling a claim, all claims associated with the document number must be cancelled.



Cancellation Review

Details

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 cancelling a claim?
Service date (YYYY-MM-DD)	Patier	it	Service	Amount claimed(\$)	Alberta Blue Cross paid(\$)	Document number
2016/05/24	Smith,	John	Psychology - Individual Treatment	100.00	50.00	47787686
Cancellation reason		Select one Additional se Claim entere Other	ervices provided ad in error	Ok		



3. Cancellation

Once a claim has successfully been cancelled, red text appears at the top of the screen as confirmation.

Information Claims for John Smith submitted on May 24, 2016 have been cancelled.									
rovider of service features for the service fe	Psychology			Nee	ed help cancelling	a claim?			
Service date (YYYY/MM/DD)÷	Patient+	Service ÷	Amount claimed(\$);	Alberta Blue Cross paid(\$);	Document number.	Cancel claim			
2016/05/23	Smith, John	Psychology - Individual Treatment	100.00	50.00	47787688	Cancel			
2016/05/01	Smith, Jane	Psychology - Individual Treatment	130.00	110.00	47787653				
2016/05/19	Smith, Dennis	Psychology - Family Treatment	34 00	34 00	47787649				
2016/05/19	Smith, Jane	Psychology - Family Treatment	33.00	33.00	47787649				

TECHNICAL INFORMATION

Using the Health Services Provider site, an Internet connection and your browser, you can submit 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 Health Services Provider site.

CONTACT US

For more information about access to the Health Services Provider site, contact Alberta Blue Cross Health Provider Service Relations at

- 780-498-8083 (Edmonton and area),
- toll free at 1-800-588-1195 (all other areas), or
- email at healthing@ab.bluecross.ca.

The online claims submission system is available Monday to Sunday, 8 a.m. to 9:30 p.m. Mountain Time.

Our regular office hours are Monday to Friday, 8:30 a.m. to 5 p.m. Mountain Time.





provider.ab.bluecross.ca/health

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