

Important information to assist with submitting manual Drug Claim Forms

Under the following circumstances, Alberta Blue Cross pharmacy providers are required to submit a Drug Claim Form when a claim cannot be processed through our direct bill claim submission:


- a claim totals more than \$9,999.99 or any part of the total is over CPhA limits;
- the quantity and day supply of authorized vacation supplies for biologic drugs and contraceptives exceed plan maximums;
- Alberta Human Services clients have a 1976 Drug Authorization for approved Special Authorization drugs;
- an authorized Alberta Blue Cross employee, such as a Contact Center representative or manager, indicates it is required.

To ensure efficient processing, please refer to the following claiming tips:

- Each Drug Claim Form includes a carbon copy for your records, which can be used to track claims.
- Submitting a photocopied form may delay in claim payment. If you require additional forms, please contact our Provider Relations contact center at 1-800-361-9632.
- The Drug Claim Form is for pharmacy providers only. Should a patient require a form for reimbursement, please have them contact Customer Services or visit our website for more information.
- For tips on how to properly complete a Drug Claim Form, please see the following page.

Submitting a Drug Claim Form will allow eligible claims to be adjudicated according to the member's plan design. When a Drug Claim Form is submitted, payment will be made according to the Alberta Blue Cross bi-weekly payment schedule, and a reconciliation statement will be mailed. For information about the payment schedule, please reference the applicable Benefact on the pharmacy provider section of our web site located at <https://www.ab.bluecross.ca/providers/providers-home.php>.

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10009-108 Street NW, Edmonton, Alberta T5J 3C5
Telephone: 1-800-361-9632 or 403-294-4041 in Calgary or 780-498-8370 in Edmonton

DRUG CLAIM

TYPE OF CLAIM

01 Blue Cross (Alberta Seniors/Non Group/Group members)

02 Alberta Human Services

03 VAC, DND, RCMP

04 Others:

PHARMACY NAME AND ADDRESS

PROVIDER NUMBER **PROV CODE**

9999 AB

CLAIM NUMBER

GROUP	SECTION	MEMBER ID NO.	TAG NO.	CARDHOLDER LAST NAME
77777	000	123456789	01	Smith

PATIENT FIRST NAME	PATIENT LAST NAME (IF DIFFERENT THAN CARDHOLDER)	PATIENT DATE OF BIRTH (YYYY / MM / DD)
John		1950/01/02

PATIENTS RELATIONSHIP TO CARDHOLDER	PATIENT GENDER	AUTHORIZATION NUMBER (IF APPLICABLE)
<input checked="" type="checkbox"/> 0 Cardholder <input type="checkbox"/> 1 Spouse <input type="checkbox"/> 2 Dependent	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	

HEADINGS & CODES FOR SECTION BELOW: **N R C** = New / Refill Code **R R A** = Refill / Repeat Authorization (00 - 99) **DAY** = Days Supply
P S C = Product Selection Code (1 = Prescriber Choice 2 = Patient's Choice 3 = Pharmacist Choice 4 = Refill-ongoing Therapy)
U C C = Unlisted Compound Code (0 - 9) **S A N** = Special Authorization Number **C T** = Compounding Time

DATE OF SERVICE YY MM DD	ORIGINAL Rx NUMBER	N R C	DIN NUMBER		PRESCRIBER ID NUMBER			DRUG COST + UPCHARGE 1	UPCHARGE 2	PROFESSIONAL FEE	C T	TOTAL	PREVIOUSLY PAID
	CURRENT Rx NUMBER	R R A	QUANTITY	DAY	P S C	U C C	S A N						
1 15 04 01	1234567		02244016				001234	\$ 9915.60	\$ 100	\$ 12.30		\$ 10027.26	\$ 650.00
2												\$	\$
3												\$	\$
4												\$	\$
5								\$	\$	\$		\$	\$

COMMENTS:

Please indicate the reason you are submitting the Drug Claim Form. i.e. Claim Cost exceeds \$9,999.99.

FORM COMPLETED BY: (PLEASE PRINT)


AUTHORIZED SIGNATURE

For questions or concerns regarding the Drug Claim Form, please contact our Provider Relations contact centre toll free at 1-800-361-9632.

When you have questions:

For assistance with benefit or claim inquiries, please contact an Alberta Blue Cross Pharmacy Services Provider Relations contact centre representative at:

780-498-8370 (Edmonton and area) • 403-294-4041 (Calgary and area) • 1-800-361-9632 (toll free)
 FAX 780-498-8406 (Edmonton and area) • FAX 1-877-305-9911 (toll free)



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