



**A copy of your practice permit/licence from your licensing body must be attached.** Physicians must attach a copy of their Registration Understanding and Acknowledgement document outlining the terms and conditions, if applicable.

**Section D - Education, professional association registration and specialties/certifications**

| Degree granted | Graduation date<br>Year    Month    Day | Institution name | Province/<br>State | Country |
|----------------|---|------------------|--------------------|---------|
|                |   |                  |                    |         |
|                |   |                  |                    |         |

College or association registered with \_\_\_\_\_

Date registered    Year    Month    Day    Licence number \_\_\_\_\_

Specialties and certifications obtained (*recognized in Alberta*) – **(A copy of your College/Association specialty letter must be attached.)**  
*(If more space is required, attach an additional page.)*

\_\_\_\_\_ Year    Month    Day

\_\_\_\_\_ Year    Month    Day

**Section E - Business arrangement (BA) information (see glossary)**

BA effective date    Year    Month    Day     Fee for service     Locum – medical only     Alternate Relationship Plan (ARP)

Direct deposit    or     Chequing – **attach a void cheque**  
 Savings – attach documentation from financial institution indicating bank, branch transit, and account number

Make payment to     Me    or     My PC/clinic or name \_\_\_\_\_  
Identifier    \_\_\_\_\_

Send Statement of Assessment and Statement of Account to     Me    or     My PC/clinic or name \_\_\_\_\_  
Identifier    \_\_\_\_\_

The Accredited Submitter for this BA is (*name and submitter prefix*) \_\_\_\_\_

Indicate which skill will be used on most claims \_\_\_\_\_

**Section F - Business arrangement/service provider (BA/SP) relationship (see glossary)**

**Complete this section only if you are joining an existing BA.**

Effective    Year    Month    Day    I will be joining BA Number    \_\_\_\_\_ - \_\_\_\_\_

Indicate which skill will be used on most claims \_\_\_\_\_

"I, the Practitioner, assign to the Business Arrangement whatever benefits may be payable to me, from the Alberta Health Care Insurance Plan. This is in respect to claims I may make and for which I may be entitled, under this Business Agreement. I understand that benefits may be reassessed (increased or decreased) under the *Alberta Health Care Insurance Act*, including claims made prior to and during this assignment."

Practitioner signature    Phone number \_\_\_\_\_

BA contract holder signature/ARP authorized representative signature    Phone number \_\_\_\_\_

BA contract holder name and position/title/ARP authorized representative name    Date \_\_\_\_\_

## Section G - Facility and functional centre information

Do not complete this section if you are practising in association with others and the facility has already been registered.

New facility number effective

| Year |  |  | Month |  |  | Day |  |  |
|------|--|--|-------|--|--|-----|--|--|
|      |  |  |       |  |  |     |  |  |

Facility name

Facility physical address (Provide a street address or a legal land description only. A post office box number is not a facility physical site address.)

City/Town

Province

Postal code

### Indicate the functional centre(s) in your facility

(Functional centres marked\* require a copy of the College of Physicians and Surgeons of Alberta Accreditation Letter.)

Examination room  
(Practitioner's office)

Clinical lab\*

Diagnostic imaging\*

Non-hospital surgical suite\*

Other diagnostic lab\*

Electrodiagnosis\*

Radiology oncology\*

## Section H - Authorization (This section must be completed before this form is considered valid.)

Practitioner's signature \_\_\_\_\_ Date \_\_\_\_\_

Return completed forms to the Professional and Facility Management Unit at the address on page 1, or fax to 780-422-3552. If you have any questions, call 780-422-1522 in Edmonton, or toll-free within Alberta at 310-0000, then 780-422-1522.

Information collected is used to enrol you for programs or benefits funded by Alberta Health and Wellness. It is collected under the authority of sections 20(b) and 27 of the *Health Information Act*. The confidentiality of this information and your privacy are protected by the provisions of the *Health Information Act* and the *Alberta Health Care Insurance Act*. If you have questions regarding the collection of this information, please contact the Professional and Facility Management Unit at the address on page 1, or at the telephone or fax number provided above.

### Glossary of Terms

|  |  |
|--|--|
| <b>Accredited Submitter:</b>                           | An organization or individual accredited by Alberta Health and Wellness to transmit electronic claims and retrieve results of transactions for practitioners.  |
| <b>Alternate Relationship Plan:</b>                    | A mechanism to remunerate practitioners in a manner other than the traditional fee-for-service method.   |
| <b>Business Arrangement:</b>                           | An agreement with Alberta Health and Wellness to establish the arrangement for the payment of health services provided. All practitioners registered with Alberta Health and Wellness must have or be part of a business arrangement in order to claim for services. |
| <b>Contract Holder:</b>                                | A person, organization, or professional corporation entering into a business arrangement with Alberta Health and Wellness.   |
| <b>Registration Understanding and Acknowledgement:</b> | A document provided by the College of Physicians and Surgeons which contains details on the terms and conditions of practice for the physician.  |
| <b>Statement of Account:</b>                           | A statement outlining the amount Alberta Health and Wellness has released for payment based upon the claims assessed. Production of the statement is timed with the weekly payment cycle.  |
| <b>Statement of Assessment:</b>                        | A statement detailing the assessment result of each claim submitted. Claims reduced, refused, or paid at zero will have an explanatory code.   |