

Alberta Health and Wellness  
Professional and Facility Management Unit  
PO Box 1360 Station Main  
Edmonton AB T5J 2N3

For AHW office use only

A business arrangement (BA) is an agreement with Alberta Health and Wellness to establish the arrangement for payment of health services provided. All practitioners registered with Alberta Health and Wellness must have or be part of a BA in order to claim for services. A contract holder is a person, organization or professional corporation (PC) entering into a business arrangement with Alberta Health and Wellness.

**Section A - Identification, type and date of change**

The business arrangement contract holder is:

Practitioner identifier  or  
 PC or clinic ULI  Name

Effective  Year  Month  Day

Assign a new BA      Change information on an existing BA      End a BA

Business arrangement number to change or end

**Section B - Business arrangement information**

Business arrangement type      Fee for service      Locum – medical only      Alternate Relationship Plan (ARP)      Family Care Clinics (FCC)

Direct deposit to      Chequing – **attach a void cheque**  
 or      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

An Accredited Submitter is an organization or individual accredited by Alberta Health and Wellness to transmit electronic claims and retrieve results of transactions for practitioners.

The Accredited Submitter for this BA is *(name and submitter prefix)* Cloud Practice Inc. (prefix: CPI)

Suppress Statement of Assessment production      Yes      No  
*(If your accredited submitter provides this information, it may not be necessary to receive it from Alberta Health and Wellness.)*

Indicate the skill that will be used on most claims

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

<input type="text"/>	<input type="text"/>
Practitioner's signature	Phone number
<input type="text"/>	<input type="text"/>
BA contract holder signature/ARP authorized representative signature	Phone number
<input type="text"/>	<input type="text"/>
BA contract holder name and position/title/ARP authorized representative name	Date

**Return completed forms to the Professional and Facility Management Unit at the address above, or fax to 780-422-3552. If you need assistance completing this form, please refer to your Resource Guide. If you need further assistance, 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, telephone or fax number provided above.