



Professional and Facility Registries  
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For office use only

## Business Arrangement (BA)/ Service Provider (SP) Relationship

A Business Arrangement to Service Provider Relationship form is used to add or change information on the relationship. A default skill (see section A) is the primary skill used by the practitioner. Practitioners with multiple skills can designate a default skill. When the skill field on a claim is left blank, the claim is automatically processed using the default skill. A Contract Holder (see section A and B) is a person, organization or professional corporation entering into a business arrangement with Alberta Health and Wellness.

### Section A - Type and Date of Change

	Business Arrangement Number	Effective date
<input type="checkbox"/> Add me to the Business Arrangement	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Change my start date with this BA	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Change my BA default skill to _____	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> End my relationship with BA	<input type="text"/>	<input type="text"/>
BA Contract Holder Name _____		
Practitioner Name _____		Practitioner ID <input type="text"/>
If you have more than one specialty, indicate which skill will be used on most claims _____		

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

"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's Signature _____	Phone Number _____
BA Contract Holder Signature/APP Authorized Representative Signature _____	Phone Number _____
BA Contract Holder Name and Position/Title/APP Authorized Representative Name _____	Date _____

Return completed forms to Professional and Facility Registries 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, or toll free in Alberta via 310-0000.

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 require further information, contact Professional and Facility Registries.