

Sessional APP Request for Additional Business Arrangements (BA)

Physicians associated with a Sessional APP and wishing to be paid individually must complete this form. Each physician listed below will be assigned an individual Business Arrangement. A Business Arrangement is an agreement with Alberta Health and Wellness to establish the arrangement for payment of health services provided.

Section A - Ider	tification of APP (Section A and C	must be completed by the authorized representative.)	
APP Name		APP Program ID	
APP Effective Start D	Year Month Day ate A	ccredited Submitter for the APP	
Section B 1 - Bu	siness Arrangement Information	for Practitioner 1	
Practitioner Name	me Accredited Submitter		
Direct Deposit to	Chequing – attach a void cheque or		
	 Savings – attach documentation from Account Number 	financial institution indicating Bank, Branch Transit, and	
Make payment to	☐ Me or ☐ My P.C		
Practitioner's Signate	ure	Practitioner ID	
Section B 2 - Bu	siness Arrangement Information	for Practitioner 2	
Practitioner Name		Accredited Submitter	
Direct Deposit to	Chequing – attach a void cheque		
	or Savings – attach documentation from Account Number 	financial institution indicating Bank, Branch Transit, and	
Make payment to	☐ Me or ☐ My P.C		
Practitioner's Signature		Practitioner ID	
Section B 3 - Bu	siness Arrangement Information	for Practitioner 3	
Practitioner Name		Accredited Submitter	
Direct Deposit to	\Box Chequing – attach a void cheque		
	or Savings – attach documentation from Account Number	financial institution indicating Bank, Branch Transit, and	
Make payment to	☐ Me or ☐ My P.C		
Practitioner's Signature		Practitioner ID	

Section B 4 - Business Arrangement Information for Practitioner 4					
Practitioner Name _		Accredited Submitter			
Direct Deposit to	 Chequing – attach a void cheque or Savings – attach documentation from Account Number 	financial institution indicating	g Bank, Branch Transit, and		
Make payment to	☐ Me or ☐ My P.C				
Practitioner's Signat	ure	_ Practitioner ID			
Section B 5 - Bu	usiness Arrangement Information	for Practitioner 5			
Practitioner Name _		Accredited Submitter			
Direct Deposit to	 Chequing – attach a void cheque or Savings – attach documentation from Account Number 	financial institution indicating	g Bank, Branch Transit, and		
Make payment to	Me or My P.C				
Practitioner's Signature		Practitioner ID			
Section B 6 - Bu	usiness Arrangement Information	for Practitioner 6			
Practitioner Name _		Accredited Submitter			
Direct Deposit to	 Chequing – attach a void cheque or Savings – attach documentation from Account Number 	financial institution indicating	g Bank, Branch Transit, and		
Make payment to	Me or My P.C				
Practitioner's Signat	ure	Practitioner ID			
Section C - Aut	horization (This section must be co	mpleted before this forn	n is considered valid.)		
APP Authorized Representative Signature			Phone Number		
APP Authorized Repres	entative Name (please print)		Date		

Return completed forms to Professional and Facility Registries at the address on page 1, 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.