Alberta
Health and Wellness

10025 Jasper Ave NW
Box 1360 Stn Main
Edmonton, AB T5J 2N3

Claims Submission Resource Material/ Form Request

Prac I.D.

A – Claims Submission Resource Material Request. Please indicate which resource materials you are requesting and the quantity. Mail this form to the above address or fax (780) 427-1093.

Services Description	Quantity	Amount per Copy	G.S.T. per Copy	Total Amount
☐ Schedule of Chiropractic Benefits		$ 5.00	$ .30	
☐ Schedule of Oral and Maxillofacial Surgery Benefits		$ 5.00	$ .30	
☐ Schedule of Dental Extended Health Benefits		$ 5.00	$ .30	
☐ Schedule of Optical Extended Health Benefits		$ 5.00	$ .30	
☐ Schedule of Optometric Benefits		$ 5.00	$ .30	
☐ Schedule of Podiatry Benefits		$ 5.00	$ .30	
☐ Schedule of Medical Benefits without binder		$ 45.15	$ 2.71	
☐ Schedule of Medical Benefits with binder		$ 48.65	$ 2.92	
☐ Physician's Resource Guide without binder		$ 16.50	$ 0.99	
☐ Physician's Resource Guide with binder		$ 20.00	$ 1.20	
☐ Allied Health Practitioner's Resource Guide without binder		$ 16.50	$ 0.99	
☐ Allied Health Practitioner's Resource Guide with binder		$ 20.00	$ 1.20	
☐ Diagnostic Codes		N/C		
☐ Explanatory Codes		N/C		
☐ Facility Listing		N/C		
☐ Other (describe)				
			Total	

Please note: All schedules, including fee modifiers, are available on our website at www.health.gov.ab.ca/professionals and can be downloaded free of charge.

METHOD OF PAYMENT:

☐ Enclosed is a cheque for the total indicated, payable to the Minister of Finance.
Send this form and your cheque to the attention of the Integrative Business and Information Services, 14th Floor, at the address above.

OR

☐ Deduct the total indicated from the following Business Arrangement Number _____.

_____ _____
Authorized Signature for deduction Date

(See back for "Forms Request")

Please type or print clearly.

Mail to:

Name		
Mailing address (Street or PO Box)		
City	Province/Territory	Postal Code

B – Forms Request. Please indicate which form(s) you are requesting and the quantity. Mail to the address on the front of this form. You may also obtain these forms from the Alberta Health and Wellness website at http://www.health.gov.ab.ca. or fax your request to (403) 272-7774

Form Number	Form Name	Quantity	Amount per Copy
☐ AHC0406	Request for Personal Health Numbers		N/C
☐ AHC0693	Out-of-Province Claim for Physician/Practitioner Services		N/C
☐ AHC0910	Facility Registration		N/C
☐ AHC0911	Organization Information		N/C
☐ AHC0912	Practitioner Information		N/C
☐ AHC0913	Business Arrangement (BA) Request		N/C
☐ AHC0914	Business Arrangement (BA)/Service Provider (SP) Relationship		N/C
☐ AHC0916	Alternate Payment Plan (APP) Request		N/C
☐ AHC0917	Sessional APP Request for Additional Business Arrangements (BA)		N/C
☐ AHC0920	Claims Submission Resource Material/Form Request		N/C
☐ AHC2095	Application for Submitter Role		N/C
☐ AHC2096	Submitter/Client Relationship for Electronic Claim Submission		N/C
Other (please specify Form number, Form name and Quantity).			
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