

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 Year Month Day	Institution name	Province/ 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. 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

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