Government of Alberta

Business Arrangement (BA) Request

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)

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)* Logic Resources - LOG

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.)

_____ ( ) _____

Practitioner's 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

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.