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Daysheet Notes:

1. The Patient ULI NBR is the patient's PHN number. If the patient is from out of province please put a SK, BC etc in front of the number otherwise we assume it is a AB resident. For out of province patients please put the full patient address, sex and birth date on the next line.
2. Svc Code is the health service code performed
3. Calls is the number of units
4. Modifier will be the SA, NTAM etc modifiers. If there is more than one modifier please put it in the blank column at the far right side of the page
5. Diagnostic code is just that
6. Service date – again self explanatory
7. Patient's surname name and initial – just that, in a pinch even just the surname will do. For out of province patients their full name is required.
8. For out of province or other patients requiring a person data segment, please write their address, sex and date of birth on the next line. Similarly claims requiring text, enter the text on subsequent lines below the claim line.

**Please use a different sheet for each facility.** If you are just submitting a few claims for each facility then draw a bold line and write in the new facility number below the line and enter in the claims for that facility.

The submission deadline is Friday afternoon for claims that will be submitted the following Wednesday. These claims will be paid on Friday of the next week.

When you get your statement of assessment, if there are any rejected claims you can change the data and send them in the following week to be re-submitted. There are cases where an existing claim needs to be changed, and we can talk about that when the time comes as they are handled differently.