



Request for Statement of Account/Assessment

The information on this form is being collected and used by Alberta Health pursuant to sections 20(a) and (b) of the *Health Information Act* and section 33(c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of providing personal claim history under the Alberta Health Care Insurance Plan. If you have any questions regarding the collection and usage of this information, please contact an Alberta Health representative toll-free within Alberta at 310-0000 then 780-422-1522.

Alberta Health
Claims Management Unit
PO Box 1360 Stn Main
Edmonton AB T5J 2N3

Important Information

- Alberta Health provides practitioners with original Statements of Accounts and Assessments as claims are adjudicated and paid.
- As per section 15(2) of the *Alberta Health Care Insurance Regulation*, a practitioner is required to keep documentation relating to goods and services provided for a period of not less than 6 years.
- For a Statement of Assessment that is within 30 weeks of the date the Statement was issued, contact your submitter for electronic assessment result details files. If you are your own submitter and require Statements within 30 weeks of the date the Statement was issued, contact the H-Link Help Desk within Edmonton and area at 780-644-7643 or toll-free for the rest of Alberta at 310-0000, then 780-644-7643.
- Alberta Health will not provide copies of Statements of Account/Assessment outside 52 weeks of the date the Statements were issued, unless the requester can provide evidence that the Statement of Account/Assessment are no longer in their custody or control due to extenuating circumstances. This includes destruction or loss through fire, flood, natural disasters or the theft of paper copies, or the computer where electronic copies were stored. In all cases Alberta Health will determine whether copies shall be provided and the time period for which the copies will be provided.
- Statements can only be provided to the Contract Holder. Definition of a Contract Holder - a person, organization or Professional Corporation entering into a business arrangement with Alberta Health.
- If you assigned payment to the Clinic/Office of which you are a member, the Statement of Assessment is issued to that Clinic/Office. Please contact them for your Statement details. If the Clinic/Office will not provide Statements, please contact the Freedom of Information and Protection of Privacy (FOIP) office. Information on the *FOIP Act*, *FOIP Regulation*, and how to initiate a FOIP request is available at: www.servicealberta.ca/foip/legislation.cfm.

Request

This request form will only be accepted for one Business Arrangement Number. Please fill out one form for each business arrangement request. **Note:** Alberta Health will not accept incomplete forms. Please allow 6 to 8 weeks for processing.

Business Arrangement (BA) Number: _____ Practitioner Identification (PRAC ID): _____

I, _____, hereinafter the Requester, with a mailing address of
(Full name of Contract Holder/Practitioner)

(Street, City, Province, Postal Code)

and telephone number _____, hereby request the Ministry of Health provide me with the following document(s):

Statement date and type of statement requested. (Note: The statement date is the week **prior** to the expected payment date.)

Statement of Assessment (details of assessed claims)

Statement Date _____ (yyyy-mm-dd) Expected Payment Date _____ (yyyy-mm-dd)

Statement of Account (summarizes claim payment information)

Statement Date _____ (yyyy-mm-dd) Expected Payment Date _____ (yyyy-mm-dd)

Business Cost Program (BCP) (details of assessed claims)

Statement Date _____ (yyyy-mm-dd) Expected Payment Date _____ (yyyy-mm-dd)

Reason for reprint request _____

Note: Please fax the completed Request for Statement of Account/Assessment form to 780-422-1958. This form may not be used to change an address due to the business arrangement process. If you wish to change your address, please fax a signed request separately to 780-422-1958.

Authorization to Release Information

I understand the Statement of Accounts and Assessments contains health information and this information is being released to me as the Requestor pursuant to the provisions of the *Health Information Act* of Alberta. I, the Requestor, further verify the truth and accuracy of such information submitted on this request form, and I acknowledge that false and otherwise incorrect statements on this form may be an offence pursuant to the laws of Alberta and Canada.

Print Name of Contract Holder/Practitioner

Date (yyyy-mm-dd)

Signature of Contract Holder/Practitioner