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 hold	der is:	
Practitioner identifier	Name	
Effective Year	Month Day	
Assign a new BA	Change information on an existing BA	
Business arrangement number to chang	ge or end	
Section B - Business arra	angement information	
Business arrangement type	□ Fee for service □ Locum – medical only □	Alternate Relationship Plan (ARP)
Direct deposit to or	Chequing – attach a void cheque	
	Savings – attach documentation from financial institution indication and account number	ng bank, branch transit,
Make payment to	Me or My PC/clinic or name	
Send Statement of Assessment and Statement of Account to	Identifier	
	Identifier	
An Accredited Submitter is an organizat of transactions for practitioners.	tion or individual accredited by Alberta Health and Wellness to transmit electr	onic claims and retrieve results
The Accredited Submitter for this BA is ((name and submitter prefix)	
Suppress Statement of Assessment pro (If your accredited submitter provide:	oduction	ealth and Wellness.)
Indicate the skill that will be used on mo	ost claims	
Section C - Authorization	າ (This section must be completed before this form i	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/AR		Date
Return completed forms to the Professio	onal and Facility Management Unit at the address above, or fax to 780-422-3	552. If you need assistance completing

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.