

Professional and Facility Management  
Client Services  
10025 Jasper Avenue NW  
PO Box 1360 Station Main  
Edmonton AB T5J 1S6

For office use only
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**Business Arrangement contract holder**

Name _____	Practitioner identifier (PRAC ID) or BA contract holder ULI _____
Business address _____	Proposed commencement date _____
_____	Contact name _____
_____	Contact phone number _____
_____	*BA number(s) _____

**\*Note:** (1) If there is more than one practitioner registered on the BA, only the BA contract holder's signature is required. We do not require a form from each practitioner on the BA.  
(2) **If adding a practitioner to a BA, this form is not required.**

**Submitter**

Name _____	Submitter prefix code _____
ULI number _____	Proposed submission date _____

<b>Contract holder certification and agreement</b>	<b>Submitter certification and agreement</b>
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I (we) hereby authorize this accredited submitter to submit my (our) claims electronically on my (our) behalf. I (we) further certify that my (our) agreement with the accredited submitter, who is (are) party to this application, conforms fully to Alberta Health Accreditation Requirements and Specifications and the *Alberta Health Care Insurance Act* and Regulations and that I am (we are) fully responsible for the correctness and security of all information submitted to obtain payment of claims.

Signature(s) \_\_\_\_\_

\_\_\_\_\_

Name(s) \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

I (we) hereby certify that my (our) agreement with the contract holder, who is (are) party to this application, conforms fully to Alberta Health Accreditation Requirements and Specifications.

Signature(s) \_\_\_\_\_

\_\_\_\_\_

Name(s) \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Return completed forms to Professional and Facility Management 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 require further information, contact Professional and Facility Management.