

Alberta Health and Wellness
 Hospital Reciprocal Billing
 PO Box 1360 Stn Main
 Edmonton AB T5J 2N3

| Hospital name and address | | | | | | | Hospital number | | | Page | of | |
|--|--------------------------|--------------------------------|-------------------|------------|-------------------------|-----------------------------|-----------------|-------------------------------|--------------|--|---|----------------|
| Province of origin | | | | | Province of origin code | | | Period ending | | | | |
| Adjustment claim number (if applicable) | Plan registration number | Card expiry date yyyy mm dd | Patient's surname | First name | Initial | Date of birth yyyy mm dd | Gender | Date of service yyyy mm dd | Service code | ICD10CA Diagnostic code(s) for service code 02 | CCI Procedure code(s) for service code 02 | Claimed amount |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |

Hospital Certification

I certify that Health Insurance Identification Cards of the patients listed above have been examined and the patient's home address in each case appears on the hospital records.

Total amount claimed

| | |
|----------------------|--------------------|
| Authorized signature | Date yyyy mm dd |
|----------------------|--------------------|