Government of Alberta ■

Hospital Reciprocal In-Patient Services

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

Hospital name	
Address	
Hospital number	

Date completed	yyyy	mm	dd

Ward rate		For residents of	Province code	For yyyy mm	Authorized by
Current	Prior				

	Patient's surname, first name, address with postal code	Card expiry date yyyy mm dd	Date of birth yyyy mm dd	Gender	ICD10CA Diagnostic code(s)	CCI Procedure code(s)	High cost procedure code	High cost procedure date yyyy mm dd	Admission date yyyy mm dd	Separation date yyyy mm dd	Total days	High cost procedure rate	Total	Deceased Y or N	Long Stay Y or N	Accident Y or N
Patient's health number ***Adjustment claim number**																
Patient's health number ***Adjustment claim number**																
Patient's health number ***Adjustment claim number**																
Patient's health number ***Adjustment claim number**																
Patient's health number ***Adjustment claim number**																

Total amount claimed

*If applicable

Note: All appropriate columns **must** be completed. If you require more space, please use additional forms showing total amount claimed on the last page.