

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

Hospital number	Invoice date	yyyy	mm	dd
-----------------	--------------	------	----	----

Hospital name

Code	Province/Territory	Amount
		\$

Date submitted	Authorized by
----------------	---------------

Code	Province/Territory	Code	Province/Territory	Code	Province/Territory
NL	Newfoundland and Labrador	NS	Nova Scotia	PE	Prince Edward Island
NB	New Brunswick	PQ	Quebec	ON	Ontario
MB	Manitoba	SK	Saskatchewan	BC	British Columbia
YT	Yukon	NT	Northwest Territories	NU	Nunavut