General Information

Use AHC0910A, *Facility Registration*, to register facilities and professionals providing services under the AHCIP.

Completing the Form

The form will expand and display fields relevant to the registration type you select under "Delivery Site Type".

Mac users must open the form in Adobe Reader.

Type of Request

1) "Delivery Site Type": Select one of two choices:

   - Select **Practitioner Office** to Add, Change or End a facility.

     ○ Please select one of the following options, you will be provided to setup a facility for:

       • Medical
         Note: A clinic registration and/or facility accreditation letter from the College of Physicians and Surgeons of Alberta must be attached to facility registration forms.

       • Dental

       • Optometry

       • Chiropractic

   - Select **Alberta Netcare Administration** if you are requesting to register a facility for Netcare access.

     ○ If you've selected "**Alberta Netcare Administration**", you will receive a prompt requesting that you contact "ehealthsupport@cgi.com" for all Netcare inquiries.

AHS Section

1) Is this facility publically funded through Alberta Health Services?
   - If "Yes" is selected, the facility would have already existed. Don't submit the facility form and please refer to the Facility Listing for the available facility number here.
   - Or, please explain why you need a facility number if you are already funded by AHS in the comments section and then proceed with selecting "No".

2) Add information or clarify your request in the "Comments" section.

Add, Change, Relocate and End Facility

1) Adding a new facility; provide an effective date of the opening of the new facility and select either

   • A) You are a new owner of the facility

     • Are you a practicing physician or

     • A non-billing practitioner (Pharmacist, etc.)

   • B) A new physician is being added to the facility, however, if the facility already exists, please consult your office administrator for the facility number instead and do not submit this form.

2) Changing information on a facility; specify which facility by providing the facility number and provide either one or both of the following options with an effective date to the change:

   • A) Change owner operator

     • Are you a practicing physician or

     • A non-billing practitioner (Pharmacist, etc.)

   • B) Change facility name

   • C) Or both

3) Relocating; provide the facility number that will be ended and the effective end date of the facility. Provide an effective date of the opening of the new facility location.

4) Ending an existing facility; provide the facility number that will be ended and the effective end date of the facility. Alberta Health will ask whether additional practitioners will continue to work out of this facility.

   • A) If "Yes" is selected, Alberta Health will contact the practitioner sending in the request to end. Then suggest they pass on the facility information to the remaining practitioners who will be submitting out of that location to submit a "Facility Request" to reassign under a new owner's name.

   • B) If "No" is selected, the facility will be ended

Facility Identification

1) In this section, you will provide the

   • Clinic/Office Name

   • Organization Name

     ○ Note: that the organization name must match the "Legal name registered with Alberta Corporate Registry".

     ○ Note: A checkbox has been added to allow practitioners to update their billing mailing address without having to submit an address change form for efficiency purposes.

2) Facility Location

- Physical Mailing Address (include unit # if applicable)
- City/Town
- Province: Canadian provinces only
- Postal Code: A1A 1A1 (Format)

3) Functional Centers

There several types of functional centers that a facility can have. Check all boxes that apply.

Medical facilities with an examination room/practitioner's office (e.g., medical clinic, exam room, etc) must provide Alberta Health a **clinic registration letter** from CPSA. Information available at: cpsa.ca/medicalclinics

Medical facilities with any of the following functional centres must also provide Alberta Health an **accreditation letter** from CPSA. Information available at: cpsa.ca/accreditation

- Cardiac Exercise Stress Testing
- Hyperbaric Oxygen Therapy
- Pulmonary Function Testing
- Sleep Medicine Diagnostics
- Diagnostic Medical Laboratories
- Neurophysiology Testing (e.g., electrodiagnosis, electroencephalogram, electromyography)

4) Practitioner Identifying Information

- Practitioner Identifier
- Practitioner Last Name
- Legal First Name
- Middle Name

Provider Relationship and Claims

- Contact Name
- Telephone Number
- Fax Number
- Business Email: When Alberta Health cannot reach the practitioner in question, the email listed here will be used instead. This information is not stored anywhere and it used only for the purpose of communicating with the practitioner.

Authorization

1) Practitioner Authorization: The practitioner that is signing and providing their Practitioner ID will be signing this form to the best of their knowledge regarding the facility.

   a. Note: The form must be printed out and the physician signing the form must provide a wet signature prior to faxing or scanning the form back to Alberta Health for processing.

Submitting the Form

1) Return the completed form and, if applicable, the necessary supporting documentation to the Professional and Facility Management Unit at Alberta Health.

   - Fax: 780-422-3552
   - Email: Health.Pracforms@gov.ab.ca

2) Contact the Professional and Facility Management unit at the above email address for more information.

Additional Information

1) Contact the H-Link Administration Help Desk for a copy of the *Electronic Claims Submission Specific Manual*.

2) Click on the links below to access copies of resource guides from Alberta Health.

   - Physician's Resource Guide,
   - Allied Health Practitioner's Resource Guide,