

Physician (Your Name):

Location:

Date: DD/MM/YYYY



visit statgo.ca to bill online

place label here:

Last Name First name

DOB: DD/MM/YYYY ULI / OOP HCN

Address if out of province:

Referring Physician:

Procedure:

eg. Appendectomy

Start Time:

End Time:

Fee Codes (x Calls):

eg. 59.0 A x 1

Modifiers/Dx Code

- BMI
 WK NTPM
 EV NTAM

Other:

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 **Reduce errors:**
 Does your patient have valid health care?
 - Consider checking with AH at 1888 422 6257 or ensure that there is an eligibility **start date** in Netcare

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 **Reduce errors:**
 Patient without valid health care?
 - If Albertan - submit "good faith" within 30 days (time sensitive)
 - If visitor to Alberta - see private billing package once logged into StatGO

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