

<u>Phone call</u>	Patients Name:
Your name:	PHN:
Date of Call:	
Dx:	<i>*or insert hospital label here</i>

Inpatient Telephone Advice

07-17 weekdays **03.01NG**
 17-22 weekdays, 07-22 Sat/Sun/Stat **03.01NH**
 22-07 any day **03.01NI**

Asking advice from another Physician

07-17 weekdays **03.01LG**
 17-22 weekdays, 07-22 Sat/Sun/Stat **03.01LH**
 22-07 any day **03.01LI**

Giving advice to another Physician

07-17 weekdays **03.01LJ**
 17-22 weekdays, 07-22 Sat/Sun/Stat **03.01LK**
 22-07 any day **03.01LL**

Outpatient Telephone Advice - Obstetrical patients only

07-17 weekdays **03.01LM**
 17-22 weekdays, 07-22 Sat/Sun/Stat **03.01LN**
 22-07 any day **03.01LO**

Alberta Billing fax: 1 888 455-2683 or
submissions@albertabilling.com

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