Alberta Health Services

Surgical Contracts Procedure Report

Site	Booking URN

1	**Patient Information**				

Surname	Given Name(s)	☐ Female ☐ Male	DOB (YYYY-MM-DD)	PHN#

2	**Booking Information**

Procedure 1 Code	Description	☐ Right ☐ Bil ☐ Left	Surgeon 1
Procedure 2 Code	Description	☐ Right ☐ Bil ☐ Left	Surgeon 2
Procedure 3 Code	Description	☐ Right ☐ Bil ☐ Left	Surgeon 3

3	**Procedure Information**

Procedure 1 Code	Description	☐ Right ☐ Bil ☐ Left	Surgeon 1
Procedure 2 Code	Description	☐ Right ☐ Bil ☐ Left	Surgeon 2
Procedure 3 Code	Description	☐ Right ☐ Bil ☐ Left	Surgeon 3

PROCEDURE DATE (YYYY-MM-DD)	Patient In Room	

Anesthesia Administered by (Name)	Role ☐ Anesthesiologist ☐ Surgeon ☐ Other	Procedure Start	

Type of Anesthesia
☐ None ☐ IV Sedation ☐ Regional Block
☐ General ☐ Peribulbar / Retrobulbar ☐ Topical / Local

Procedure End	
Patient Out of Room	

Total Billable Minutes	☐ Supplies Attached	☐ Private (Dental Only)	Patient In Recovery Room	
Facility Fee Code	Designate Signature	Date (YYYY-MM-DD)	Patient Out of Recovery Room	

OPHTHALMOLOGY ONLY:

Teaching Case ☐ Yes ☐ No	Participant Name Participant Type ☐ Resident ☐ Medical Student	Level of Participation ☐ Minor ☐ Intermediate ☐ Major	Cataract ☐ Enhanced Lens ☐ Standard Foldable Lens ☐ Non AHS Chargeable Lens

If applicable, place implant sticker(s):

Instructions:
- The Surgical Contracts (formerly NHSF) Procedure Report must be completed for all insured surgery performed on Alberta residents in Calgary Contracted Facilities, excluding WCB claimants.
- Completed Surgical Contracts Procedure Reports must be submitted to Surgical Contracts Desk within 24 hours of surgery date.
- Form submission: (1) Secure E-mail NHSFCaseManagement@albertahealthservices.ca (Approved Sites), (2) or Fax (403) 944-4010.
- Questions/Concerns: Contact the Surgical Contracts Office FMC - ST, 9th Floor, Room 904, 3031 Hospital Drive NW Calgary, Alberta T2N 2T8, (403) 944-4410 or email NHSFCaseManagement@albertahealthservices.ca