Medical Services Branch

Submit Request to:
MINISTRY OF HEALTH
Medical Services Branch
3475 Albert Street – 2nd Floor
Regina, Saskatchewan S4S 6X6
Phone: 1-800-667-7523 or 306-798-0013
FAX: 306-798-1124 or
caseworkunitmsb@health.gov.sk.ca

Practitioner Billing Number: _____

This information will supplement the registration data we receive from your licensing body: i.e. the College of Physicians and Surgeons of Saskatchewan, College of Dental Surgeons of Saskatchewan, Saskatchewan Association of Optometrists, and Chiropractors' Association of Saskatchewan.

PLEASE PRINT CLEARLY

Practitioner Information		
Surname	Given First Name(s)	
Date of Birth (DD-MM-YYYY)	☐ Male ☐ Female	9-digit Health Services Number (HSN)
Practitioner Telephone Number (10-digit number)	Previous Practitioner Billing Number	
Email Address:		

Section 1 – Employment Information		
Clinic Name	Clinic Number	
Unit/Apt No.	Clinic Mailing Address	City or Town
Province	Country	Postal Code (if in Canada)
Clinic Phone Number (10-digit number)	Clinic Fax Number (10-digit number)	Start Date (DD-MM-YYYY)

Section 2 – Type of Practice (Check all that apply)

☐ Fee-for-service – solo practice
☐ Fee-for-service – private practice in association with provider or clinic
☐ Non fee-for-service practitioner
☐ Salaried practitioner
☐ Locum Tenens
☐ Primary Care
☐ Alternate Payment
☐ Residency

Section 3 – Previous Employment

Last Province of Registration (if applicable)	Name at Time of Registration (if different from above)

Type of Practice (check all that apply)

☐ Private Practitioner
☐ Public Health Dept Employee
☐ Intern
☐ Resident
☐ Post Graduate
☐ Teacher
☐ Locum
☐ Other
Please Specify _____

Section 4 - Education

University/College/Institute/Academy	Province	Country
Degree	Year Received Degree	Most Recent Specialty Qualification (if applicable)
Location of Training	Year of Training	Other specialty or qualifications