

Customer Portal User Group Number/User Access Change Form

Ministry of Health
Medical Services Branch
1st Floor, 3475 Albert Street
Regina, Canada S4S 6X6

Please contact the **Business Support Desk at 1-800-605-2965** if you are unclear about any of the fields below.

Once complete, please fax a copy of this form to: **306-798-0582**

Medical Services Branch will complete the request within 5 to 10 business days from the date of receiving the request.

PART A: GROUP OWNER INFORMATION			
Group Owner or Most Responsible Person			
First Name:	Last Name:	Middle Initial:	
Please Indicate Owner Type and Provide the Requested Information			
<input type="checkbox"/> Physician Owned	<input type="checkbox"/> Clinic Owned	<input type="checkbox"/> Service Bureau Owned	
MSB Doctor Billing (4-digits) #:	MSB Clinic (3-digits) #:	Company Name:	
	Clinic Name:		
Existing Group Number (3-digit number):			
Provide at least one Practitioner belonging in the group number noted above:			
First Name:	Last Name:	Middle Initial:	
MSB Doctor Number (4-digit) #:		MSB Clinic Number (3-digit) #:	
Telephone Number:		Email Address:	
Mailing Address:		City / Town	Province Postal Code
Type of Request:		Will You Be Using Application Programming Interface (API) To Submit?	
<input type="checkbox"/> New User (Complete Part A) <input type="checkbox"/> Remove a User (Complete Part B) <input type="checkbox"/> Update a User's Start and End Dates (Complete Part C)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
X _____ Requester's Signature		Date Signed: DD MM YYYY	

Part B: New User or Change Existing User Information

Please attach a separate sheet if more than three users added or changed.

	First Name	Last Name	Email Address	User Start Date (YYYY-MM-DD)	User End Date (YYYY-MM-DD)
1					
2					
3					

Part C: Remove a User

Please attach a separate sheet if you require more than three users removed.

	First Name	Last Name	Email Address	User Start Date (YYYY-MM-DD)	User End Date (YYYY-MM-DD)
1					
2					
3					

GROUP USER ADMINISTRATION (MSB USE ONLY)

Analyst Name:	X _____ Employee Signature
Date Completed: DD MM YYYY	Date Signed: DD MM YYYY