

# Electronic Remittance

Ministry of Health  
Medical Services  
3475 Albert Street  
Regina, Canada S4S 6X6

**To:** Physicians

**From:** Ministry of Health  
Medical Services Branch

Phone: (306) 787-2821  
Fax: (306) 798-1124

**Re:** Electronic Remittance Authorization – Single Physician

**NEW REQUEST**

**CHANGE OF EMAIL ADDRESS**

This form will provide authorization for the Ministry of Finance to send payment notices or deposit advices to you via email. This will improve the accuracy and timeliness of recording revenue.

**Please complete the form and sign; granting authorization. The Ministries of Finance and Health can only accept one email address. Please ensure that the email address is legible to ensure accuracy. Fax or email this information at your earliest convenience to (306) 798-1124 Attn: Maggie Neal**

Date: _____
I, _____, Physician Billing Number _____ <small>(Please Print Clearly)</small>
hereby authorize the Ministry of Finance to send payment notifications or deposit advices to the following email address:
Clinic # _____ Email address _____
Contact Information (telephone/fax) _____
Physician Signature _____
<b>PLEASE NOTE: THIS MUST BE SIGNED BY THE PHYSICIAN COMPLETING THIS FORM. DIGITAL SIGNATURES WILL NOT BE ACCEPTED!</b>

If you require further information, please contact Maggie Neal at 306-787-2821 or email:  
[AccountingUnitMSB@health.gov.sk.ca](mailto:AccountingUnitMSB@health.gov.sk.ca)

**Note that it is imperative that this email address remain current at all times. Any changes must be faxed or emailed to Accounting Unit as soon as possible. Thank you.**