

To: Clinic Manager and/or Physician

From: Medical Services Branch
Ministry of Health

Phone: (306) 787-2821
Fax: (306) 787-3761

Re: Electronic Remittance Authorization – Multiple Physicians

NEW REQUEST

CHANGE OF EMAIL ADDRESS

Medical Services Branch has requested the following form which will provide authorization to the Ministry of Finance to send payment notifications or deposit advice emails to _____, Clinic Manager for _____
(Clinic Name)

Office Managers and billing clerks often have difficulty identifying individual payments; this will improve the accuracy and timeliness of recording revenue.

Please print and complete this form and have each physician sign for authorization. The Ministries of Health & Finance can only accept one email address. Please ensure that the email address is legible to ensure accuracy. Fax this letter at your earliest convenience to (306) 787-3761 Attn: Maggie Neal.

NOTE: It is imperative that this email address be current at all times; please fax or email Maggie Neal with any changes at AccountingUnitMSB@health.gov.sk.ca as soon as possible. Thank you

Date: _____

I, _____ am hereby authorized on behalf of my clinic physicians to
(Clinic Manager)
accept payment notifications or deposit advices to be emailed to _____
(Clinic Name)
at the following email address:

Clinic Number _____ Email address _____

Contact Information (telephone/fax) _____

Clinic Manager's Signature _____

Physician's Signatures (if more space is required, please use a second sheet)

PHYSICIAN NAME	BILLING NUMBER	SIGNATURE	OFFICE USE ONLY