

To: Physicians

From: Ministry of Health
Medical Services Branch

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

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) 787-3761 Attn: Maggie Neal

Date: _____

I, _____, Physician Billing Number _____
(Please Print Clearly)

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 _____

If you require further information, please contact Maggie Neal at 306-787-2821 or email:

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 email to Accounting Unit as soon as possible. Thank you