

**MEDICAL SERVICES BRANCH
NEW CLINIC REQUEST APPLICATION**

This application is to notify Medical Services of a new clinic opening in Saskatchewan.

Please print clearly

Clinic Information		
Clinic Name		
Unit/Apt. No.	Correspondence Mailing Address	City or Town
Province	Country	Postal Code
Clinic Phone Number (Enter 10-digit number)		Clinic Fax Number (Enter 10 digit number)
Email Address:		
Providers Joining Clinic		
Practitioner Billing Number	Practitioner Name	Practitioner Signature
Practitioner Billing Number	Practitioner Name	Practitioner Signature
Practitioner Billing Number	Practitioner Name	Practitioner Signature
Practitioner Billing Number	Practitioner Name	Practitioner Signature
Practitioner Billing Number	Practitioner Name	Practitioner Signature
Practitioner Billing Number	Practitioner Name	Practitioner Signature
Practitioner Billing Number	Practitioner Name	Practitioner Signature
Comments		
Medical Services Branch Use ONLY		
New Clinic Number	ICS Package Agreements Sent	Date