

## MEDICAL SERVICES PRACTITIONER REGISTRY CHANGE REQUEST

This application is to notify Medical Services of any changes to the Practitioner Registry (i.e. address, clinic, corporation changes).

**Please print clearly**

Provider Information					
Practitioner Name			MSB Billing Number/4-Digit Number/Practitioner Number		
Date of Birth (DD-MM-YYYY)		Male <input type="checkbox"/> Female <input type="checkbox"/>		9 Digit Health Services Number (HSN)	
Unit/Apt. No.	Correspondence Mailing Address			City or Town	
Province/State		Country		Postal Code (if in Canada)	
Contact Phone Number (Enter 10-digit number)			Fax Number (Enter 10-digit number)		
Email Address:					
Section 1 – Change of Clinic Address:					
Clinic Name				Clinic Number	
Unit/Apt. No.	Clinic Mailing Address			City or Town	
Province		Country		Postal Code (if in Canada)	
Clinic Phone Number (Enter 10-digit number)			Clinic Fax Number (Enter 10-digit number)		
<input type="checkbox"/> Long Term <input type="checkbox"/> Short Term		Start Date	End Date	Group Number	Mode (0, 1, 9)
Section 2 – Change of Corporation Address					
Legal Corporation Name				Corporation Licence Number	
Unit/Apt. No.	Corporation Mailing Address			City/Town	
Province		Country		Postal Code	
Section 3 – Comments					
Section 4 – Signature (REQUIRED)					
Signature of Practitioner _____			Date _____		