

Electronic Remittance

To: Physicians

From: Ministry of Health
Medical Services Branch

Re: Electronic Remittance Authorization – Single Physician

Check one: ☐ **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 the email address is legible to ensure accuracy. Forward this information by fax to (306) 798-1124 or email at AccountingUnitMSB@health.gov.sk.ca at your earliest convenience.

Date (DD/MMM/YYYY): _____

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:

Email Address: _____

Clinic #: _____ **Contact Information (telephone/fax):** _____

Physician Signature _____

If you require further information, please contact the Financial Services Unit at 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.

Dec 2023