

Physician Registry Update form

Adding or Changing Information

Ministry of Health
Medical Services
3475 Albert Street
Regina, Canada S4S 6X6

Required Information:

Practitioner Name: _____ Practitioner Billing Number: _____

In order to update all applicable information, please fill in the following sections as needed:

Corresponding Address Change: _____

Professional Corporation Address Change: _____

Adding Clinic					
Clinic number	Clinic address (full address of clinic)	Start Date	Group Number	Phone Number of Clinic	Fee-for-service or Salaried (Mode)

End-dating Practitioner from Clinic		
Clinic number	Clinic address	End Date at clinic

Signature of Practitioner: _____ Date: _____

Physical Signature

A direct deposit form **must** be completed. Below is the link to the direct deposit payment request forms for both non-professional and professional corporations. Please provide the appropriate completed banking form when you provide this document to the Medical Services Branch Physician Registry and Support Services Unit. **Digital signatures on all forms will not be accepted.**

<https://www.ehealthsask.ca/services/resources/establish-operate-practice/Pages/Physicians.aspx>

If you have any questions, please contact the Physician Registry and Support Services Unit.

Phone Number: 1-800-605-2965

Fax number: 306-798-1124

e-mail: prss@health.gov.sk.ca