

Physician Registry Update Form

New Clinic Number Request Form

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

Is this new clinic request for (Please select one):

- ☐ One Practitioner (*Solo Clinic*)
☐ More than one Practitioner (*Group Clinic*)

The below information is required in order for the Medical Services Branch (MSB) to issue a new clinic number from the Physician Registry System.

Name of New Clinic: _____

Address of New Clinic: _____

*Your assigned clinic number **must only** be used when billing services that are provided from the address above.*

Practitioner Name: _____

Practitioner Billing Number: _____

Phone Number (for MSB information only): _____

Fax Number (for MSB information only): _____

Email Address (for MSB information only): _____

Group Number: _____ or Do you need to apply for a new Group Number? ☐ Yes ☐ No

Start date at clinic: _____

Fee for Service or Salaried: _____

*If you are applying for a **group clinic**, please see page 2 to have practitioners added to the clinic.*

Signature of Physician: _____ Date: _____

Physical Signature

A direct deposit form **must** be completed for your new clinic number. 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

Only To be filled out for New Group Clinic requests with more than one Practitioner

Practitioner Name	Practitioner Billing Number	Start date at Clinic	Group Number	Direct Deposit form attached (Yes or No)	Practitioner Signature *Physical Signature*

A direct deposit form **must** be completed for each practitioner being added to the new clinic number. 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.

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Comments: