

Addition of a Provider Application

To add a new Provider to your clinic, please complete the steps below.

Note:

- The new Physician/NP must sign and return the Participation Agreement before the process can begin. See Step 3 on how to obtain a copy of the agreement. AHP do not get their own license so are not required to sign.
- The clinic signing authority must approve the addition of a new provider.
- The provider may be responsible for a \$500 transfer fee if transferring between EMR instances
- The process to add a Provider, once the signed agreement has been received by eDOCSNL can take between 8 and 12 weeks. Scheduling will not begin until the original signed paper copy of the agreement has been returned.

Step 1: Clinic Information

<input type="text"/>	<input type="text"/>	
Clinic Legal Name	Corporation Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City/Town	Postal Code

Step 2: Provider Add Information

Complete the table below with the new Provider's information.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Name/Initial
Provider Type <input type="text"/>	License # <input type="text"/>	Provider Mnemonic <input type="text"/>
MCP Billing # <input type="text"/>	Email <input type="text"/>	
Provider Speciality <input type="text"/>	Main Phone <input type="text"/>	Direct Phone <input type="text"/>
<input type="radio"/> FFS Provider	<input type="radio"/> RHA Salaried Provider	<input type="radio"/> FFS Within RHA
Previous formal* TELUS Med Access Training? <input type="text"/>	If yes, where was the training? <input type="text"/>	
Anticipated Start Date (DD/MM/YY) <input type="text"/>	Data Conversion Required? <input type="text"/>	

Note: MCP must be contacted and updated if the new Provider will be using Med Access for billing.

* Formal training – new provider was a licenced provider at the clinic with training provided by a learning specialist from TELUS

Step 3: Receiving Provider Participation Agreement

Send copy of User Agreement to email listed above? Yes No

New Provider's email, mailing or preferred address to send the Physician Participation Agreement Package:

Step 4: Authorize New Physician

I, , as the clinic signing authority, authorize

(new provider name) to access the personal health information of patients in the clinic named above.

<input type="text"/>	<input type="text"/>
Clinic Signing Authority	Date (YYYY/MON/DD)

Step 5: Submit Application

Email, fax completed form to:

Email: info@edocsnl.ca Fax: 709-752-6529