

Addition of a Provider Application

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

Note:

- 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
- FFS Physician's/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.
- The process to add a Provider, can take between 8 and 12 weeks. Scheduling will begin once the original signed 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"/>
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"/>
Will you be a regularly scheduled provider at the clinic identified above? <input type="text"/>		
Or will you be covering for another EMR Licenced provider in the clinic identified above (ie: Locum)? <input type="text"/>		
Are you or will you be working at another clinic in addition to the one listed above in Step 1? <input type="text"/>		
If yes, what is the clinic name? <input type="text"/>		
Are you currently a licenced EMR user on another MedAccess Instance? <input type="text"/>		
If yes, what is the clinic name? <input type="text"/>		
Anticipated Start Date (YYYY/MON/DD): <input type="text"/>		Data import and/or export required? <input type="text"/>
Electronic Results Delivery <input type="text"/>	Effective Date (YYYY/MON/YY): <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

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Step 3: Receiving Provider Participation Agreement (FFS Only)

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.

Clinic Signing Authority

Date (YYYY/MON/DD)

Step 5: Submit Application

Email or fax completed form to:

Email: info@edocsnl.ca

Fax: 709-752-6529