

eDOCSNL Provider Transfer Notification

To initiate the process to transfer from one Med Access practice to another within the eDOCSNL program, please complete the steps below.

Please note:

- The participating Provider must provide 90 days (12 weeks) written notice to the Newfoundland and Labrador Centre for Health Information (NLCHI) that they wish to move from one Med Access practice to another, within the eDOCSNL program.
- The participating Provider is responsible for meeting all requirements of the College of Physicians and Surgeons of Newfoundland and Labrador, including Bylaw 6: Medical Records, as a part of their move.
- Once this transfer notification is received by the eDOCSNL program, a Practice Advisor will contact you to discuss the transfer process and any applicable costs associated with your particular transfer.
- If applicable, Telus will facilitate the data transfer and validation process and will contact you to review.
- The subscription fee will remain the same and will follow the Provider to the new clinic.

Step 1: Acknowledgement of Transfer

I, am requesting to transfer my subscription from on one Med Access practice to another within eDOCSNL. By submitting this application I am initiating my 90 day transfer notice period with NLCHI.

I understand and acknowledge this is not a benefit included with my eDOCSNL program subscription and that I am responsible for any and all fees associated with this activity and that an eDOCSNL Practice Advisor will discuss options and costs as part of the transfer process (data export \$1500, data import \$1500, administration fee \$500).

Step 2: Provider Transfer Information

Complete the table below with the terminating provider's information

Anticipated Transfer Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Name/Initial
License # <input type="text"/>	Provider Mnemonic <input type="text"/>	
MCP Billing # <input type="text"/>	Email <input type="text"/>	
Main Phone <input type="text"/>	Direct Phone <input type="text"/>	

FFS Provider RHA Salaried Provider FFS Within RHA FFS Specialist Salaried Specialist

Current Clinic Information:

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

New Clinic Information:

Does this clinic currently use Med Access? Start Date: _____

Clinic Name

Street Address

City/Town

Postal Code

Phone

Step 3: Signature and Contact Information

SIGNED at the City/Town of in the Province of Newfoundland & Labrador this

day of , 20

Provider Signature:

_____ Date:

Step 4: Submit Application

Email or fax completed form to:

Email: info@edocsnl.ca

Fax: 709-752-6529