

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

Please note:

- The participating Provider must provide 90 days (12 weeks) written notice to eDOCSNL that they wish to move from one Med Access practice to another.
- 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.
- 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 EMR subscription from one Med Access practice to another, within eDOCSNL. By submitting this application, I am initiating my 90-day transfer notice period. I understand and acknowledge that this is not a benefit included with my eDOCSNL program subscription, and that I may be responsible for any and all fees associated with a data migration. An eDOCSNL Practice Advisor will discuss these options and costs as part of the transfer process (ie: data export cost: \$1500, data import cost: \$1500, administration fee: \$500).

Step 2: Provider Transfer Information

_____	_____	_____
Last Name	First Name	Middle Name/Initial
_____	_____	_____
Provider Email Address	Main Phone #	Direct/Cell Phone #
_____	_____	_____
Provider Role	Specialty	License #
_____	_____	
Provider Mnemonic	Billing #	

FFS Provider

FFS Specialist

FFS in NLHS

Salarid Provider

Salaried Specialist

Are you currently part of a Blended Capitation Group? _____ If yes, please specify: _____

Current Clinic Information (clinic you are transferring from):

Current Clinic Name (transferring from)

Current Clinic ID/Mnemonic

Current Clinic Address

City/Town/Postal Code

Current Clinic Phone #

New Clinic Information (clinic you are transferring to):

New Clinic Name (transferring to)

New Clinic ID/Mnemonic

New Clinic Address

City/Town/Postal Code

New Clinic Phone #

Does this clinic currently use Med Access? _____

Is this clinic part of a Blended Capitation Group? _____

If yes, please specify: _____

Will you also participate in a Blended Capitation Group? _____

If yes, please specify: _____

Anticipated Start Date

Med Dialog Required (eFax/eReferral)

Data Import/Export Required?

Step 3: Signature(s)

Provider Name: _____

Provider Signature: _____

Date: _____

Step 4: Submit Application

Email or fax completed form to:

Email: info@edocsnl.ca

Fax: (709) 752-6529

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

Personal information collected on this form is collected under the Newfoundland and Labrador Access to Information and Protection of Privacy Act and will only be used for the administration of eDOCSNL. Inquiries about the use and protection of this personal information should be directed to the ATIPPA Coordinator at NL Health Services.