

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

Please note:

- The clinic signing authority must approve the addition of a new provider, by signing below in Step 4.
- The provider may be responsible for a \$500 transfer fee if transferring between EMR instances.
- FFS providers 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 will begin once the signed copy of the Participation agreement has been returned.

Step 1: Clinic Information

_____		_____
Clinic Legal Name		Corporation Number
_____		_____
Clinic Address		City/Town/Postal Code
_____	_____	_____
Clinic Phone #	Clinic Email Address	Clinic ID/Mnemonic

Step 2: Provider 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

_____	_____	_____
Anticipated Start Date	Med Dialog Required (eFax/eReferral)	Data Import/Export Required?
Electronic Results Delivery _____	Effective Date for eResults _____	
Are you part of a Blended Capitation Group? _____	If yes, please specify group: _____	
Previous TELUS Med Access Training? _____	If yes, where? _____	

Will you be a regularly scheduled provider at the clinic identified above? _____

Or will you be covering for another EMR Licensed provider in the clinic identified above (ie: Locum)? _____

Are you, or will you be working at another clinic in addition to the one listed above in Step 1? _____

If yes, please specify: _____

Please specify if you are currently a licensed EMR user on another MedAccess Instance: _____

Step 3: Provider Participation Agreement

Provider's email address or preferred address to send the Participation Agreement Package

Step 4: Authorization

I, _____, as the clinic signing authority, authorize _____

to access to personal health information of patients in the clinic named above.

Clinic Signing Authority Signature

Date

Step 5: 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.