Newfoundland Labrador

Government of Newfoundland and Labrador
Department of Health and Community Services
Medical Care Plan

Electronic Billing Application

mcp

PLEASE COMPLETE ALL SECTIONS

SECTION A – General Information

Provider Name: _____ Provider Number: _____

Clinic / Group Name (if applicable): _____

Street / P.O. Box: _____

City / Town: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Cell Number: _____ Fax Number: _____

Electronic Billing Contact Person: _____ Business Phone Number: _____

Correspondence Email Address: _____

SECTION B – Electronic Billing Site Information

Claim Type: ☐ MEDICAL ☐ DENTAL ☐ BOTH

Please provide your start date for using this billing site: _____

Are you looking to: Establish a New Billing Site or be Added to an Existing Billing Site? ☐ NEW ☐ EXISTING

If EXISTING, please provide two or three current Provider Names and Numbers or User Name/Site Number, if known:

_____

_____

NOTE: **MCP can only send electronic TADs and Remittance to one (1) billing site; however, consult your software vendor support for more information or for features of your software**

Should Remittance and TAD files be directed to this site? ☐ YES ☐ NO

SECTION C – Billing and Transmission Information

What claims submission software is/will be used for this billing site (e.g. MCP Teleclaim): _____

If MCP Teleclaim, What version of Windows is/will be used (e.g. Windows 10): _____

Is/Will a Secure File Transfer (SFT) Account be(ing) used: ☐ YES ☐ NO

If YES, Please provide the billing email address: _____

Provider's Signature: _____ Date: _____

EMAIL OR FAX COMPLETED APPLICATION TO:
MCP Operations Email: mcp_operations@gov.nl.ca
Fax: 709-758-1583 **Tel:** 709-729-4357

Website
http://www.gov.nl.ca/mcp

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