Government of Newfoundland and Labrador
**Department of Health and Community Services**
**Medical Services Division**

# PROVIDER REGISTRATION FORM

| | |
|---|---|
| **I am a:** | ◯ **New Provider** (complete all areas of form)<br>◯ **Existing Provider** (Provider Number _____) (only complete areas where information has changed) |

## Personal Information

| | | |
|---|---|---|
| Surname | Given Name and Initial(s) | |
| Gender<br>◯ M ◯ F ◯ Other/prefer not to state | Date of Birth | Social Insurance Number |
| Email Address | | |

## Professional Information

| | | |
|---|---|---|
| Graduation Code (See Guidelines Table 1) | Date of Graduation with Professional Degree | Professional Category<br>◯ Medical ◯ Dental |
| License Number (CPSNL, NLDB, or NLCHP) | Effective Date of License | Practice Start Date |
| Specialty For Which You Are Licensed To Practice (See Guidelines Table 5) | Sub-specialty (See Guidelines Table 4) | |
| MINC Number (Physicians only) | CMPA ID (Physicians only) | |

## Practice Information

| | | |
|---|---|---|
| Activity Code (See Guidelines Table 4) | Activity Start Date | Activity Stop Date (if applicable) |
| Practice name and street / PO Box address | | City / Town |
| Province | Postal Code | Telephone Number |

## Correspondence Address (if different from Practice Address)

| | | |
|---|---|---|
| Street / PO Box | | City / Town |
| Province | Postal Code | Telephone Number |

***Please complete over >***

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## Payment Information

In order for all payments to be processed by direct deposit, **a copy of a void cheque or an official, stamped statement from your banking institution is required**. Professional Medical Corporations (PMC) will also require the associated Canada Revenue Agency Business Number to be included with the account details.

| To whom do you assign your MCP payments (self or other)<br>◯ Self ◯ Other* | CRA Business Number (if "Self" will utilize a PMC account) |
|---|---|
| Name of Other | Payee Number of Other |

* In order to avoid difficulties when changing work situations, the Medical Services Division advises against the use of third-party banking as a provider's default payee. Third parties can be added as payee *options* for a provider by utilizing the "Assignment of Payment Agreement", available at https://www.gov.nl.ca/hcs/forms/. Marking "Other", above (indicating the physician would like funds sent to a third party by default), also requires that this form be filled out.

I hereby declare and affirm that I understand the content of all forms signed pursuant to this registration as a provider of service under the Newfoundland and Labrador Medical Care and Hospital Insurance Act, and that all information provided by me to MCP for purposes of this registration is accurate and true.

I acknowledge having reviewed and understand all pertinent information in relation to this registration with MCP, and I agree to abide by all terms and conditions therein contained, which terms and conditions shall form part of this application.

I agree to abide by the Medical Care and Hospital Insurance Act and Regulations as they apply to the Medical Care Program or Dental Health Plan programs.

Signature_____ Date_____

**MCP Provider Number**
When all information is received and processed, a six (6) digit Provider Number will be forwarded to you by email. This Provider Number must be identified on all claims submitted to MCP.

**Please email completed form to ProviderRegistration@gov.nl.ca or fax to 709-729-5238**

This form, its corresponding Guidelines, and many other Provider forms reside at https://www.gov.nl.ca/hcs/forms/

**Privacy Notice**
This information is being collected for the purpose of administering the Medical Care Plan (MCP) under the authority of Section 61(c) of the **Access to Information and Protection of Privacy Act, 2015**. If you have any questions relating to the collection of this personal information, please contact Medical Services Division at ProviderRegistration@gov.nl.ca.

Provider Registration, Medical Services Division
Department of Health and Community Services
P.O. Box 8700, St. John's, Newfoundland, Canada, A1B 4J6

Email: ProviderRegistration@gov.nl.ca

Telephone: (709) 729-3508
Facsimile: (709) 729-5238