
	LIS PROVIDER UPDATE FORM		Document # F10-50-26C
			Version # 06
	Approved by: Mark Curtis 	Effective Date: 21-MAR-2019	Source Document: 10-50-26

PART 1: PROVIDER CHANGES

CHANGE TYPE

Add new provider
 Change to Provider OR Location
 Remove Provider
 New Clinic Location (Complete Part 3)

REASON FOR CHANGE; EXAMPLE: PROVIDER NO LONGER AT CLINIC, UPDATE PROVIDER ADDRESS, UPDATES FAX NUMBER etc.

PART 2: PROVIDER INFORMATION

FIRST NAME

LAST NAME

MB HEALTH BILLING ID

ALTERNATE PROVIDER ID (CRNM REG#, CPHM License #)

AFTER HOURS CONTACT TELEPHONE NUMBER **

(MANDATORY FOR CRITICAL RESULTS NOTIFICATION)

SECURE FAX NUMBER (MANDATORY)*

PROFESSIONAL DESIGNATION (MD, RN, PHARM ETC)

PART 3: REPORT DELIVERY INFORMATION

***PLEASE BE AWARE PROVIDERS WHO WORK AT MULTIPLE SITES WILL RECEIVE "COPY TO" REPORTS BASED ON THE INFORMATION PROVIDED ON THIS FORM.**

ADDRESS

CLINIC NAME

CITY

POSTAL CODE

CLINIC PHONE

CLINIC SECURE FAX NUMBER

CLINIC CONTACT PERSON

PART 4: AUTHORIZED REQUESTOR

PLEASE NOTE: NON PHYSICIAN PROVIDERS MAY REQUIRE AN AUTHORIZED SIGNATURE VIA A TEAM MANAGER OR DESIGNATE AS PER PRACTICE GUIDELINES:

NAME:

TITLE:

NAME OF EMPLOYER ORGANIZATION

EMAIL

SIGNATURE

PHONE

INTERNAL USE ONLY - Please fax this completed form back to Manitoba eHealth Services Desk (file to fax) at (204) 940-8700 OR email your completed form to a servicedesk@manitobahealth.ca

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****Mandatory fields ∞In compliance with MANQAP accreditation standards and CPSM By-law #11. 24/7 contact details must be provided in the event of a critical result.**