



**APPLICATION FOR TELEPLAN SERVICE
OPTED-OUT PRACTITIONERS**

FOR MSP USE ONLY

TYPE OF PRACTICE: SOLO CLINIC

PRACTITIONER NAME

ADDRESS

CITY POSTAL CODE PHONE NO.

CONTACT PERSON PHONE NO.

USER ID: _____

DATA CENTRE NO.: _____

DEFAULT PASSWORD: _____

DATE PROCESSED: _____

TSO: _____

YOUR CURRENT MSP PAYMENT NUMBER

TELEPLAN CLAIM SUBMISSION INFORMATION

DATA CENTRE INFORMATION

NEW DATA CENTRE	JOINING EXISTING DATA CENTRE	RE-ACTIVATE PREVIOUS DATA CENTRE
NAME: <u>N/A</u>	NAME: <u>MEDICLAIM.CA</u>	NAME: <u>N/A</u>
CONTACT: <u>N/A</u>	DATA CENTRE NO.: <u>T0132</u>	DATA CENTRE NO.: <u>N/A</u>

SYSTEM

MAKE/MODEL OF COMPUTER: N/A

MAKE/MODEL OF MODEM: N/A INT EXT SPEED: N/A

SOFTWARE NAME: (must be MSP tested and approved) www.medicclaim.ca

VENDOR: Phoenix Medical Systems Ltd. SUPPLIER: Phoenix Medical Systems Ltd

TERMS AND CONDITIONS

- NOTE:
- All claim information such as: Refusal/Messages/Electronic Remittance will be returned to the practitioner.
 - It is the practitioner's responsibility to provide patients with payment/refusal information.
 - Patient's signature on your clinical records or separate form is mandatory for each service provided.
 - CHEQUES WILL BE FORWARDED TO THE ADDRESS SUBMITTED ON THE CLAIM RECORD.
 - Submission of claims must be under your personal payment number.
 - An application form is required for every payee number.

I HAVE READ AND UNDERSTAND THE REGULATIONS AND REQUIREMENTS FOR CLAIMS SUBMISSION.

APPLICANT'S SIGNATURE

DATE

The information collected on this form is collected under the authority of the Medicare Protection Act. The information you provide will be used to process your application for electronic billing, planning and record keeping. All information provided will be used in a manner that complies with the terms of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, please contact Practitioner Services at 952-2654.

