MEDAVIE BLUE CROSS™

INTERIM FEDERAL HEALTH PROGRAM (IFHP)
PROVIDER REGISTRATION FORM

PART A: PROVIDER INFORMATION (Please print clearly)

Provider Name: _____

Business Name: _____

Business Address: _____

City: _____ **Province/Territory:** _____ **Postal Code:** _____

Telephone Number: (____) _____ **Fax Number:** (____) _____

E-mail Address: _____

Language of Choice: **English** ☐ **French** ☐

Contact Person (if different from above): _____

Cheque Payment Name: _____

Mail/Cheque Address (if different from above): _____

Address: _____

City: _____ **Province/Territory:** _____ **Postal Code:** _____

Additional Location

Business Address: _____

City: _____ **Province/Territory:** _____ **Postal Code:** _____

Telephone Number: (____) _____ **Fax Number:** (____) _____

E-mail Address: _____

PART B: PROVIDER TYPE/SPECIALTY

Provider Type (ex. Physician, Dentist, Physiotherapist)/Specialty: _____

Designated Medical Practitioner Number, if applicable: _____

Medavie Blue Cross Provider Number (if applicable): _____

Association/Regulatory Body Name: _____

License/Registration Number: _____

Province/Territory of Registration: _____

COMMENTS/ADDITIONAL INFORMATION

_____

_____

_____

_____

ATTESTATION STATEMENT

All information submitted in this application as well as any attachments or supplemental information is true, current and complete to the best of my knowledge and belief as of the date of my signature below. I fully understand that any significant misstatement in this application may constitute cause for denial of my application. I also acknowledge that completion and submission of this application to Medavie Blue Cross is not a guarantee it will be accepted nor does it constitute a commitment to contract for services.

_____

PRINT NAME OF PROVIDER

_____ _____

SIGNATURE OF PROVIDER **DATE**

Please submit your fully completed Provider Registration Form, Attestation Statement and Terms and Conditions document via fax to 506-869-9673, by e-mail to provider@medavie.bluecross.ca or by Canada Post to:

Medavie Blue Cross
Professional and Provider Affairs
644 Main Street PO Box 220
Moncton, NB E1C 8L3

TERMS AND CONDITIONS
Interim Federal Health Program (IFHP) Providers

The following Terms and Conditions apply to all Approved Providers who provide services to IFHP clients and who accept payment from Medavie Blue Cross for those services submitted as claims.

1. In order to be registered with Medavie Blue Cross, the Provider must be and remain qualified and entitled to practice professional services under the accepted guidelines of their provincial/territorial licensing body, as recognized by Medavie Blue Cross.

2. Provider must verify the eligibility status of each IFHP client **before** services are rendered.

3. The submission of claims to Medavie Blue Cross whether on paper or sent electronically is to be done in accordance with these Terms and Conditions, claim submission guidelines and all other procedures outlined in the Interim Federal Health Program Information Handbook for Health Care Professionals and the Electronic Claims Submission Service Agreement.

4. Medavie Blue Cross will have the right to audit all data and documentation, including the right to conduct on-site audits relating to claims for the purposes of administering IFHP.

5. All personal information collected by the Provider with respect to a client is confidential and will not be used or disclosed other than for the purpose of the administration of IFHP, without the individual's consent, unless in accordance with the applicable privacy legislation.

6. Medavie Blue Cross can publish the Provider's contact information in a listing of IFHP service providers on the IFHP website and in publications, for the purposes of communicating provider services to clients, unless otherwise advised by the Provider in writing. Medavie Blue Cross can also share this information with third parties for the purpose of conducting surveys to measure Provider satisfaction with Medavie Blue Cross IFHP services.

7. Providers registering to become an IFHP approved provider are required to read and accept the Terms and Conditions to be an eligible approved provider. Providers registering on-line to become an IFHP approved provider will be prompted to read and accept the Terms and Conditions at time of registration. Providers registering by mail, telephone, fax or submission of first claim or prior approval, will receive a print copy of the Terms and Conditions upon approval. The signed acceptance of Terms and Conditions (for each location, if applicable), MUST be returned to Medavie Blue Cross within sixty (60) days of becoming an IFHP approved provider. Failure to do so will result in termination of approved provider status.

I have read and agree to the terms and conditions above.

_____

PRINT NAME OF PROVIDER

_____ _____

SIGNATURE OF PROVIDER **DATE**

PROVIDER DETAILS

Provider Name: _____
Business Name: _____
Business Address: _____
City: _____ Province/Territory: _____ Postal Code: _____
Telephone Number: _____ Fax Number: _____
E-mail Address: _____
Medavie Blue Cross Provider Number: _____
Association/Regulatory Body Name: _____
License/Registration Number: _____