

AHC0912A

Referral Provider Information

This form is used to register service providers for referral purposes only.

Section A - Identification

Have you ever been registered with Alberta Health and Wellness as a service recipient or practitioner? Yes No

If yes, provide your Personal Health Number

If no, provide your out of province health number (if applicable) Province/Territory

Last Name First Name Middle Name

Gender Male Female Date of Birth

Business Mailing Address **Residential Mailing Address**

City Province/Territory City Province/Territory

Country Postal code Country Postal code

Phone Area Code Extension Phone Area Code

Fax Area Code Fax Area Code

Section B - Professional Association Registration

Name of College, Association or Licensing Body registered with

Date Registered Licence Number

A copy of your licence, registration or letter from your licensing body must be attached.

Section C - Authorization (This section must be completed before this form is considered valid.)

Service Provider's signature Date

Please return completed forms to Professional and Facility Registries at the address above, or fax to (780) 422-3552. If you have any questions, call (780) 422-1522, or toll free in Alberta at 310-0000 then (780) 422-1522.

This information is being collected to enrol you for programs or benefits funded by Alberta Health and Wellness, pursuant to sections 20(b) and 27 of the *Health Information Act*. The confidentiality of this information and your privacy are protected by the provisions of the *Health Information Act* and the *Alberta Health Care Insurance Act*. If you require further information, contact Professional and Facility Registries.