



Health

Insured Benefits, Insurance Division
3rd Floor, 300 Carlton St, Winnipeg, Manitoba, Canada, R3B 3M9
T 204-788-2567 F 204-942-2356 E practitionerregistry@gov.mb.ca

LETTER OF AGREEMENT

I, _____, acknowledge that I am responsible for ensuring the accuracy and validity of all described and coded services submitted on Practitioner Billing Number _____, to Manitoba Health (MH) via electronic submission through the EPiCS portal.

I further acknowledge that all information submitted in connection with my claims is subject to the provisions of *The Health Services Insurance Act*.

I agree to notify MH immediately upon termination of my practice at the location denoted by the electronic user site number listed below.

Electronic User Site Number: _____ Effective Date: _____

Practitioner's Signature

Date

Witness Signature

Witness Name

Note: MH will no longer issue paper cheques for Fee-For-Service (FFS) claims effective August 31, 2014. When submitting a Letter of Agreement form pertaining to a FFS billing number, a completed Practitioner Application for Electronic Funds Transfer and void cheque are required. All forms & void cheque must be submitted to MH together prior to claim submission.

<input type="checkbox"/> Salaried (IS) <input type="checkbox"/> Fee-for-Service (IY)