

REQUEST FOR ELECTRONIC USER NUMBER

User Site Name:	
User Site Address:	
City & Postal Code:	
User Site E-Mail Address:	
User Site Billing Staff:	
Phone No:	Fax No:

Vendor:	Phone No:
Vendor Contact Person:	

List all practitioners (include name & billing number) submitting claims from this user site	
<i>Name</i>	<i>Billing Number(s)</i>

Patient Demographic Data Request (Optional)	
Billing numbers or user numbers and doctor signatures are required for provision of demographic data.	
<i>Printed Name & <input type="checkbox"/>Billing or <input type="checkbox"/>User Number</i>	<i>Signature</i>
** Note: all user's will receive their data on CD-ROM unless otherwise notified **	

Return Completed Forms To:

Practitioner Registry
 3rd Floor, 300 Carlton St
 Winnipeg MB R3B 3M9
 OR
 Fax: (204) 942-2356