

## APPLICATION FOR ACCREDITATION AND INFORMATION FOR COMPUTERIZED BILLING Health Professional Outside Québec

### 1. INFORMATION ON THE HEALTH PROFESSIONAL OR GROUP OF HEALTH PROFESSIONALS OUTSIDE QUÉBEC

Check the box corresponding to your situation.

Personal billing

Practice number

First and last names of the professional outside Québec who has registered for the Québec Health Insurance Plan

OR

Billing with an individual or group administrative account (whose members have registered for the Québec Health Insurance Plan)

Account number

Name under which the administrative account is registered with the Régie

### 2. DELIVERY OF ACCOUNT STATEMENTS

The health professional or group of health professionals is requesting accreditation to send claims electronically and wishes to receive the account statements as **(one choice only)**:

E-statements

Secure emails

### 3. INFORMATION ON THE BILLING AGENCY

A G P

Number

Name or company name of the agency

**Note:** If you are already receiving your statements of account electronically with another agency, you must provide the number of the agency that you wish to cancel and the date on which the cancellation will take effect. Complete section 4.

### 4. CANCELLATION OF ACCREDITATION WITH A BILLING AGENCY

Personal billing

Billing with an administrative account

Name or company name of the agency

A G P

Number

Y M D

Mandate end date

### 5. CONSENT BY THE HEALTH PROFESSIONAL(S) OUTSIDE QUÉBEC OR BY THEIR MANDATARY

The undersigned health professional(s) or, where applicable, the group of health professionals outside Québec, whose members are represented by the undersigned mandatar, acknowledge and agree:

- a) that the following provisions of the *Regulation respecting forms and statements of fees under the Health Insurance Act* (CQLR 1981, chapter A-29, r. 7, hereinafter referred to as the "*Regulation respecting forms*") are an integral part of the accreditation process: section 3, section 10 as well as Division VIII, except for form 22 provided for in section 15, which is hereby replaced (a copy of these provisions is appended to this application form);
- b) to these provisions as well as the forms concerned and all amendments made concerning e-billing;
- c) to all the conditions and requirements applicable to this method of billing, as established by the *Regulation* and the computerized billing manual, as well as all prescribed penalties and sanctions, where applicable;
- d) that there exists no valid claim for which payment may be required from the Régie if a billing document in compliance with the criteria set out in the *Regulation* cannot be provided to the Régie upon request (where applicable, the Régie can recover such payment through compensation (future payments), or the health professional must refund such payment to the Régie);
- e) that this application for registration or accreditation must be interpreted according to Québec laws and that, for this purpose, the health professional elects domicile in the district of Québec.

Signature

Practice number

Date

Health professional outside Québec or mandatar\*

Y M D

Y M D

\* If the group of health professionals is not represented by a mandatar (i.e. it has not submitted form No. 3005), all the health professionals who belong to this group must sign section 5 on the reverse.

Send the forms to the following address:

Régie de l'assurance maladie du Québec  
C. P. 6600, succ. Terminus  
Québec (Québec) G1K 7T3

Or by fax: 418 646-8110

**5. CONSENT BY THE HEALTH PROFESSIONAL(S) OUTSIDE QUÉBEC OR BY THEIR MANDATARY (cont'd)**

Signature	Practice number	Date
		Y M D
		Y M D
		Y M D
		Y M D
		Y M D
		Y M D
		Y M D
		Y M D
		Y M D
		Y M D
		Y M D
		Y M D
		Y M D
		Y M D
		Y M D
		Y M D

Please attach one of the following forms or both (available in French only), as the case may be:

- a) *Inscription à la facturation informatisée – Agence de facturation (3988)*  
(required only for accreditation of a billing agency not registered with the Régie);
- b) *Mandat – Agence commerciale de traitement de données (2788)*  
(required if you are making use of the services of billing agency).

**GUIDE FOR COMPLETING THIS FORM**

This form must be completed by every health professional outside Québec or by a mandatary representing a group of health professionals outside Québec, who, having registered for the Québec Health Insurance Plan, is applying for accreditation in order to submit claims for payment to the Québec Health Insurance Plan electronically.

**Section 1. INFORMATION ON THE HEALTH PROFESSIONAL OR GROUP OF HEALTH PROFESSIONALS OUTSIDE QUÉBEC**

Check the box corresponding to your situation. If both situations apply, complete two separate forms, one for each situation.

- If your application is for personal billing, enter your practice number (RAMQ registration number), along with your first and last names.
- If your application is for billing with an administrative account number, enter the number and name under which the account is registered with the Régie.

**Section 2. MODE OF RECEIPT OF ACCOUNT STATEMENTS**

Choose between e-statements or secure messaging by checking the corresponding box (**only one choice possible**). **Exceptionally**, you may request to receive your statements by mail. To do so, fill out and send us the form entitled *Demande de transmission des états de compte par courrier (4471)*.

**Section 3. INFORMATION ON THE BILLING AGENCY**

Enter the agency transmission number (beginning with AGP) and its name or company name. **You may not have more than one agency number for your personal billing and per administrative account.**

**Section 4. CANCELLATION OF ACCREDITATION WITH A BILLING AGENCY**

Fill out this section if you wish to cancel an accreditation or withdraw a billing agency number under which you are currently receiving your account statements.

Check the box corresponding to your situation: personal billing or with an administrative account.

Enter the agency transmission number (beginning with AGP) as well as the mandate end date.

**Section 5. CONSENT BY THE HEALTH PROFESSIONAL(S) OUTSIDE QUÉBEC OR BY THEIR MANDATARY**

This document must be signed and dated by the health professional or mandatary. **If the group of health professionals is not represented by a mandatary (i.e. it has not submitted form No. 3005), all the health professionals who belong to the group must sign section 5 of this form.**