



I the undersigned, .....  
(first name and last name of health professional)

practising my profession at .....  
(number) (street)

.....  
(city or locality) (province) (postal code)

hereby apply to join the Québec Health Insurance Plan as of .....  
Year Month Day  
date

I hereby undertake:

1. to ensure that all my claims for insured services rendered outside Québec to Québec residents are submitted on the prescribed forms and at the rates provided for in any agreement concluded between the Minister of Health and Social Services and the professional federation or association concerned;
2. to comply with all the provisions of the *Health Insurance Act* (R.S.Q., c. A-29), of the regulations made thereunder and of the *Act respecting the Régie de l'assurance maladie du Québec* (R.S.Q., c. R-5) and, in particular, not to charge or receive from anyone any fees other than those payable by the Régie de l'assurance maladie du Québec for the insured services I render to Québec residents;
3. to enclose with this application the forms entitled *Attestation du droit d'exercice (3035)* et *Demande d'inscription du professionnel de la santé (3003)*.

I am practising as a .....  
(general practitioner / specialist / dentist / pharmacist / optometrist / oral surgeon)

I acknowledge that the Régie or I may terminate my participation in the Québec Health Insurance Plan at any time, by giving the other party written notice to that effect. The address of the Régie appears below and my address is indicated above.

.....  
licence number signature of health professional  
Year Month Day  
date

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