Régie de l'assurance maladie		
	*	*
Québec	*	*

# Re-Establishment of a Registration with a Family Doctor Specific agreement regarding family medicine services providing clientele

management and follow-up

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	IMPRINT THE HEALTH INSURANCE CARD HERE OR COMPLETE SECTION 1			

ast name at birth		Usual first name	
lealth Insurance Number	Date of birth		Sex
	Y	M D	M F
Legal representative of a child under ag Last name at birth	ge 14 or of an incompeter	t person Usual first name	
The representative is acting as:	der of parental authority	Health Insurance Number of the mother or father for a child under age one	
☐ trus	tee		
. INFORMATION ON THE FAMILY DOCTO	First name		Practice number
confirm that I am the doctor who provides re- erson named in section 1.	gular management and follo	w-up of the care re	equired by the health condition of the registered
ignature			Y M
. CONFIRMATION BY THE REGISTERED	PERSON OR BY THAT P	ERSON'S REPRE	SENTATIVE
		form designating hi	im or her as my family doctor. I hereby cancel any
rm signed with one or more family doctors si	nce that date.		

Send to the following address:

Régie de l'assurance maladie du Québec

C. P. 6600, succ. Terminus Québec (Québec) G1K 7T3

Fax: 418 646-8110

Signature

### When must this form be used?

This form must be used when a family doctor finds out that his or her patient was mistakenly registered with a second family doctor.

### **GUIDE FOR COMPLETING THE FORM**

You can imprint the Health Insurance Card in the space provided for that purpose. If you do so, please make sure that all information is legible. However, if the person concerned is a child under age 14 or an incompetent person, the information on the legal representative must be entered in section 1 "Information on the registered person."

# Section 1 Information on the registered person

Indicate the last name at birth, usual first name, Health Insurance Number, date of birth and sex of the registered person who wishes to confirm his or her registration with the family doctor designated in section 2. Depending on the situation, the information on the legal representative is to be entered in the space provided for that purpose.

# Section 2 Information on the family doctor

Enter the last name, first name and the practice number used by the Collège des médecins du Québec. The family doctor who signs and dates section 2 confirms that he or she is the family doctor who **provides regular management and follow-up of the care required by the health condition of the registered person** named in section 1. The registered person must have previously signed a form designating the doctor named in section 2 as his or her family doctor, and this designation must have ended when the registered person subsequently designated another family doctor.

### Section 3 Confirmation by the registered person or by that person's representative

Enter the first and last names of the family doctor with whom the registered person wishes to confirm his or her registration. By signing and dating the form in the space provided for that purpose, the registered person or that person's legal representative cancels the validity of the family doctor registration form(s) signed after having designated the doctor named in section 2 as his or her family doctor. The registered person therefore confirms that his or her usual family doctor is the doctor designated in section 2.

# Sending in the form

The signed and dated form may be mailed or faxed (see the front for the address and fax number). However a copy must kept in the medical record of the registered person.