



# Doctor Vendor Registration Form

Use this form to submit information for a new doctors as vendors or to update information for a current doctor. **Please do not handwrite on this form. Please complete by typing and submit electronically.**

Any questions can be directed to [apfinance@hhsc.ca](mailto:apfinance@hhsc.ca)

## General Information:

		Date	<input type="text"/>
First Name	Last Name		
<input type="text"/>	<input type="text"/>		
<b>Are you Incorporated?</b>			
Yes      No			
Full Legal Name or Corporation Name whichever Applicable (Please include full name including Inc., Ltd., Limited, etc...):			
<input type="text"/>			
<b>Address - HHS addresses Must Not Be Used</b>			
<input type="text"/>			
City:	Province:		
<input type="text"/>	<input type="text"/>		
Country:	Postal Code:		
<input type="text"/>	<input type="text"/>		
<b>Phone - HHS Phone Numbers Should Not Be Used:</b>		<b>Email - Preferably HHS Email Should Not Be Used:</b>	
<input type="text"/>		<input type="text"/>	
<ul style="list-style-type: none"> <li><b>If NOT Incorporated:</b></li> </ul>	<ul style="list-style-type: none"> <li><b>If Incorporated:</b></li> </ul>	*This can be found on the top right of the articles of incorporation	
<b>Social Insurance Number (XXX-XXX-XXX):</b>	<b>Incorporation Number:</b>		
<input type="text"/>	<input type="text"/>		
Please add expiry if Social Insurance Number starts with 9	Please attach front page of Articles of Incorporation or Incorporation Certificate		

## Payment Information:

Continue to deposit funds in current bank account on file	
Deposit funds to new account. Please attach Void Cheque	
Remittance Email (if different than above)	<input type="text"/>
	Payment Details will be sent to email provided here

- Please send completed form to [apfinance@hhsc.ca](mailto:apfinance@hhsc.ca) with subject line "Uninsured Patient Billing-[Doctor Name] Vendor Form"**
- Check the Sent Items folder in your email application to verify that this request was sent

## To be completed by HHS AP Department

\* I have reviewed the information in this form and understand that by signing below I am authorizing the processing of this form

\_\_\_\_\_  
Signature