



# Electronic Billing Application

## SECTION A – All Providers Please Complete

Provider Name \_\_\_\_\_ Provider Number \_\_\_\_\_

Clinic Or Group Name (if applicable) \_\_\_\_\_

Street / P.O. Box \_\_\_\_\_

City / Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Electronic Billing Contact Person \_\_\_\_\_ Phone Number During Business Hours \_\_\_\_\_

**NOTE:** Electronic remittance and TAD files can be received by only 1 billing site.

Have you been receiving electronic remittance and TAD files?                    \_\_\_ Yes                    \_\_\_ No

If Yes, should remittance and TAD files be redirected to the new site (the site to which you are requesting to be added or for which you are requesting software)?                    \_\_\_ Yes                    \_\_\_ No

## SECTION B – To Be Added To An Existing Electronic Billing Site

Your Claim Type    \_\_\_ Medical            \_\_\_ Dental            \_\_\_ Both

User Name, if known, or Provider Names and Numbers at existing site:

\_\_\_\_\_

\_\_\_\_\_

Electronic Billing Software being used at existing site:

Software / Vendor Name

## SECTION C – Software Request

Windows Operating System on computer where software will be installed (for example XP, Windows 7) \_\_\_\_\_

\_\_\_ MCP's Electronic Transmission Software

Please note that you must use a dial up modem for data transmission, and not, for example, a digital or cable modem.

\_\_\_ TeleClaim (MCP's Electronic Billing Software)                    Your Claim Type    \_\_\_ Medical    \_\_\_ Dental    \_\_\_ Both

If you will be using Electronic Billing Software other than MCP's TeleClaim, please supply the following information:

Software / Vendor Name

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_