



## Provider Address Change Form (v1.0)

The Provider Address Change Form is to be used to notify NSHA of a physical change of address for providers subscribed to eResults. Provider signature is required in Section 4 for successful processing.

**NOTE: THIS FORM IS TO BE USED TO INFORM US OF CHANGES TO YOUR MAILING ADDRESS ONLY.**

**THERE WILL BE NO CHANGE MADE TO YOUR CURRENT RESULTS DELIVERY SETUP. IF YOU REQUIRE A CHANGE TO YOUR eRESULTS DELIVERY, PLEASE FILL OUT THE “Re-Routing Request” SECTION OF THE “eResults Request” FORM.**

### 1. Provider Information

Please complete the following section with the required provider information.

Provider Identification	
<b>Full Name:</b> _____ (please print)	<b>Provider PMB #:</b> _____
<b>Main Telephone #:</b> _____	<b>Fax #:</b> _____
<b>E-mail Address:</b> _____	

Clinic Contact – Administration/Front Office (Practice Champion)	
<b>Please provide the contact details of the person at your clinic that will be the primary contact if more information is required or support issues arise.</b>	
<b>Full Name:</b> _____ (please print)	
<b>Main Telephone #:</b> _____	<b>Fax #:</b> _____
<b>E-mail Address:</b> _____	

## 2. Current Address Information

CURRENT ADDRESS	
Clinic Name: _____	
Clinic Mailing Address: _____ _____ _____	Clinic Billing Address (if different than mailing): _____ _____ _____
Clinic Telephone #: _____	Clinic Fax #: _____

## 3. New Address Information

NEW ADDRESS	
Clinic Name: _____	
Clinic Mailing Address: _____ _____ _____	Clinic Billing Address (if different than mailing): _____ _____ _____
Clinic Telephone #: _____	Clinic Fax #: _____
Address Change Effective Date (mm/dd/yy): _____	

## 4. Provider Signature for address change - **Mandatory**

Once the appropriate sections on the previous page(s) have been completed please print your name and provide your signature below.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

## 5. Form Submission

Please fax the completed request form to the eResults Service Delivery Team. All questions related to the form can be directed to the email supplied below.

**eResults Service Delivery Team**

**Fax: (902) 407-3019**

email: [PHCCA@nshealth.ca](mailto:PHCCA@nshealth.ca)