

MSI PROVIDER BUSINESS ARRANGEMENT (BA) FORM

(Please complete and return to MSI)

PROVIDER INFORMATION

Service Provider Number (If known): _____	MSI USE ONLY LICENSE No: (NEW PHYSICIAN)
Service Provider Name: _____	
Incorporated Name (If applicable): _____	
Email Address: _____	
Service Provider Address: _____	
Phone Number: _____ Fax Number: _____	

Please indicate which of the following applies:

1. *Change of Bank Account Only Business Arrangement Number(s): _____
 2. **New / Additional Business Arrangement - Same Bank Account
 3. *New Bank Account / New Business Arrangement

BANKING INFORMATION

*** ONLY BANKING FROM CANADIAN INSTITUTIONS WILL BE ACCEPTED**

*** A LINE OF CREDIT ACCOUNT WILL NOT BE ACCEPTED**

Name of Financial Institution: _____

Address: _____

Phone Number: _____

BANK ACCOUNT INFORMATION

Bank Number: _____ Branch: _____ Account: _____

*** PLEASE ENCLOSE A VOID CHEQUE (COPIES ACCEPTED)**

I/We hereby authorize Nova Scotia Medical Services Insurance to make deposits to my/our account at the financial institution described above. I/We will advise MSI of any changes in my/our account information.

****Any subsequent Business Arrangement(s) will be set up with banking information on file unless otherwise informed.**

Signature: _____ Please Print Name: _____