Provider Update Form

eHealthhub

Please use this form to report changes or updates to eHealth_hub routing information for lab results and/or DI reports. Changes to your clinic information or health-care provider identification number(s) must be reported to the Shared Health Service Desk. Failure to report changes may impact delivery of provider lab results and/or DI reports to your EMR.

EFFECTIVE DATE OF CHANGES (DD/MM/YYYY)

PART 1: CLINIC/SITE INFORMATION

CLINIC NAME

STREET ADDRESS

CITY   PROVINCE   POSTAL CODE

SITE SPONSOR   FAX NUMBER

SITE SPONSOR EMAIL   DAYTIME PHONE NUMBER

PART 2: HEALTH-CARE PROVIDER CHANGES

CHANGE TYPE

☐ Add new provider   ☐ Change to provider   ☐ Remove provider

REASON FOR CHANGE   Example Reasons: provider no longer at clinic, alternative provider ID routing required, provider name change, or other.

CURRENT INFORMATION

FIRST AND LAST NAME

PROVIDER ID(S) / BILLING NUMBER(S)   ALTERNATE PROVIDER ID(S)

CHANGES

FIRST AND LAST NAME   ☐ No   ☐ Yes   If Yes, please fill in the box below with the new name.

Save PDF and email to servicedesk@sharedhealthmb.ca

Shared health
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Manitoba