2622 Eglinton Avenue East,
Scarborough, ON, M1K 3A6
Phone: 416-540-6060
Fax: 416-800-0552
Email: info@accu-med.ca
Website: www.accu-med.ca

NEW CLIENT REGISTRATION QUESTIONNAIRE

Dear Physician,

Thank you for considering Accu-Med Billing Solutions for all your billing needs. Accu-Med takes great pride in creating customized billing and reconciliation systems catered specifically to you. In order to better understand your particular requirements and complete your profile in our system as well as communicate with MOH on your behalf, kindly complete the questionnaire below:

Physician's Last name: _____ First name: _____

Group / Billing Number: _____ Practice Speciality: _____

Address (Permanent Address – may be shared with Ministry of Health):

_____

Phone (Personal): _____ Fax:_____ Email:_____

PRACTICE LOCATIONS:

1. **Clinic / Hospital Address:**

   _____

Office Phone: _____ Office Fax:_____

Office Manager Name:_____ Email: _____ Phone: _____

2. **Clinic / Hospital Address:**

   _____

Office Phone: _____ Office Fax:_____

Office Manager Name:_____ Email: _____Phone: _____

How often to do you send billings: _____ Method(fax/email/courier/mail):_____

Approximate number of claims per month: _____

Is there anything else we need to know about your practice before we create a customized billing and reconciliation system for you?

_____

_____