Government of Alberta

Organization Information

Alberta Health and Wellness
Professional and Facility Management Unit
PO Box 1360 Station Main
Edmonton AB T5J 2N3

For AHW office use only

An organization is established when payment from Alberta Health and Wellness is to be made to someone other than the practitioner, i.e. a Professional Corporation or a Clinic.

If you are registering a Professional Corporation, you must attach a copy of the Certificate of Incorporation as provided by your licensing body. Medical practitioners must send Form 'F' from the College of Physicians and Surgeons of Alberta.

Section A - Identification, type and date of change

Organization Name _____

Effective Year Month Day

☐ Create a new organization

Practitioner identifier _____ - _____

☐ Change the organization information (show changes in section B)

☐ End the organization

Professional corporation or clinic ULI _____ - _____ *(for change or end)*

Section B - Organization information

Business mailing address

City/Town | Province | Postal code

Section C - Authorization (This section must be completed before this form is considered valid.)

Signature | Phone number

Name and position/title | Date

Return completed forms to the Professional and Facility Management Unit at the address above, or fax to 780-422-3552. If you need assistance completing this form, please refer to your Resource Guide. If you need further assistance, call 780-422-1522 in Edmonton, or toll-free within Alberta at 310-0000, then 780-422-1522.

Information collected is used to enrol you for programs or benefits funded by Alberta Health and Wellness. It is collected under the authority of sections 20(b) and 27 of the *Health Information Act*. The confidentiality of this information and your privacy are protected by the provisions of the *Health Information Act* and the *Alberta Health Care Insurance Act*. If you have questions regarding the collection of this information, please contact the Professional and Facility Management Unit at the address, telephone or fax number provided above.