

MEDICAL AFFAIRS VENDOR CHANGE REQUEST

CPSA #	
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PLEASE COMPLETE ALL APPLICABLE AREAS OF THE FORM

Type of Update	<input type="checkbox"/> Address <input type="checkbox"/> Banking <input type="checkbox"/> Email <input type="checkbox"/> Contact Phone/Fax <input type="checkbox"/> Name Change
Name	
Previous Name <small>(For Name Change)</small>	

New Contact Information	Old address will be inactivated unless we are notified it is still required. Do you require the old address remain active on your profile <input type="checkbox"/> YES <input type="checkbox"/> NO			
	Street		City	
	Prov/State		Postal/Zip	
	Email		Phone#	Fax#
	If you are currently paid via EFT, does your bank information on file remain the same? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, you must provide new banking information			

Payment Method	<input type="checkbox"/> Electronic Funds Transfer (EFT) Recommended OR <input type="checkbox"/> Cheque
Payment Notification for EFT	<input type="checkbox"/> EMAIL <input type="checkbox"/> FAX _____
If Payment is by EFT, a Pre-printed Void Cheque or Bank Document stating account information must be attached	

Practitioner Authorization
I (we) _____ hereby authorize Alberta Health Services to deposit funds directly to my (our) bank account as indicated on the void cheque/bank document provided as of _____ (effective date). As well, I (we) hereby certify all of the above information to be correct and will remain in force until written notice is given to stop or change the payment process.

Information Required for Canadian Tax Purposes (Must be completed)
Regulation 105 of the Canadian Income Tax Act imposes a 15% withholding tax on fees, commissions & other amounts earned from services rendered in Canada by non-resident individuals and corporations. For more information, please refer to the Canada Revenue Agency website
Sole Proprietor <input type="checkbox"/> Canadian Resident OR <input type="checkbox"/> Non Resident
OR
Professional Corporation Is the Professional Corporation incorporated in Canada <input type="checkbox"/> YES OR <input type="checkbox"/> NO
For Non Residents or Corporations not Incorporated in Canada, withholding tax will be deducted unless you have received a Regulation 105 Waiver from Canada Revenue Agency and we are provided with a copy of such waiver.
Do you have a Regulation 105 Waiver? <input type="checkbox"/> YES OR <input type="checkbox"/> NO Withholding Tax FAQ

Signature	Date
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Medical/Clinical Department Contact	Contact Person (Form Requested By)	Phone#
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Completed form to be emailed to AHS.APVendorRequests@albertahealthservices.ca or fax 780-349-8215
 For Priority Service - Please ensure in subject line of email you state "MEDICAL AFFAIRS"

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program. For more information, question or concern about the collection, use or disclosure of your health or personal information, please contact Mark Palka, Director Accounts Payable at 780-735-0506 or email: Mark.Palka@albertahealthservices.ca