

Note: please fax the completed form to the POSP Operations Administrator at 780.452.1869.

This Enrolment Form confirms:

POSP has the correct contact information.

Physician has authorized POSP to direct deposit the monthly payments.

Contract with a POSP vendor has been executed.

Interests of a physician/clinic are protected if a physician leaves the clinic.

Step 1: Physician Information

Last name: _____ First name: _____

AMA #: _____ Physician Email: _____

Clinic name: _____ Clinic Email: _____

Address (include suite number): _____

City: _____ Postal code: _____

Phone: _____ Fax: _____

Step 2: Payment Information

To authorize POSP to deposit directly to your financial institution, attach a VOID CHEQUE.

- Physician personal account
- Physician professional corporation
- Third party

Step 3: Vendor information

Vendor: _____ Application name: _____

Version #: _____ Platform (Mac or PC): _____

Delivery (ASP or local): _____ Operating system (Windows or OSX): _____

Go live date (dd/mm/yy): _____ (check one) **Planned** **Actual**

Wireless: (check one) **Yes** **No**

Step 4: Exit agreement **An exit agreement is in place** **Solo practitioner**

An Exit Agreement is a financial agreement between POSP physicians that share practice space which sets out what will happen if a physician leaves the practice. POSP requires confirmation that an Exit Agreement is in place to process this form. Solo practitioners are not required to complete this agreement.

Step 5: Sign and submit the Enrolment Form

Physician signature: _____ Date: _____

For more information visit www.posp.ab.ca or call 780.452.1616 or 1.866.817.3875