PACIFIC BLUE CROSS®

DO NOT WRITE IN THIS SPACE

BRITISH COLUMBIA | Ministry of Social Development and Poverty Reduction

# HEARING PROVIDER REGISTRATION/CHANGE FORM

Mail: PO Box 65339, Vancouver, BC V5N 5P3 | Telephone: 604 419-2000 | Toll-free: 1 877 PAC-BLUE | Fax: 604 419-2115 | provider@pac.bluecross.ca

This registration/change form is to be used for Ministry of Social Development and Social Innovation clients only.
Please allow up to 10 business days to process this registration/change.

Type of request: ☐ New provider

Existing PBC Provider ID: ____________________
☐ Termination (mm-dd-yyyy): ____________________
☐ Additional practice
☐ Change of address

☐ Change of ownership
☐ Change of name
☐ Other: ____________________

## PART 1 — PROVIDER LOCATION

**Attach a copy of your city business license. Failure to do so will delay registration.**

| Business name (doing business as) | Store opening date (mm-dd-yyyy) |
|---|---|
| | |

| Site address (location of practice) | City | Province | Postal code |
|---|---|---|---|
| | | | |

| Daytime phone number (10 digits) | Fax number (10 digits) | Email address |
|---|---|---|
| | | |

## PART 2 — PRACTITIONER INFORMATION

**Attach a copy of your practitioners certification. Failure to do so will delay registration.**

| NAME | NAME OF REGULATORY/LICENSING BODY | COPY OF CERTIFICATION ATTACHED |
|---|---|---|
| | | ☐ |
| | | ☐ |
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## PART 3 — SIGNATURE

☐ By checking this box, I confirm the information on this application is true and accurate. I also agree to review and adhere to all information within the Pacific Blue Cross Hearing Reference Guide located at pac.bluecross.ca/providernet.

| Business owner name | Business owner email address |
|---|---|
| | |

| Signature<br>X | Date (mm-dd-yyyy) |
|---|---|
| | |

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