



Medicare - Delegate Authorization Form

The purpose of this form is to allow a service provider to appoint a **delegate** to act on their behalf or to remove previously authorized delegate access. A delegate is a person other than the service provider (for example a secretary or administrative support) who is given authority by a service provider to complete certain tasks or view certain information on the service provider's behalf.

Please note that a separate Delegate Authorization Form must be completed if a service provider wishes to appoint more than one delegate.

To request access for a delegate, please complete this form and return the original to:

**Department of Health
Medicare Payments
P.O. Box 5100
Fredericton, NB E3B 5G8**

If you have any questions or concerns about this form or about delegation, please contact Medicare Payments at (506) 453-8274 or by email at DHMedPay@gnb.ca

Note: Fields marked with an asterisk () are required fields.*

Section 1 - Service Provider Information

*Last Name: _____

First name: _____

*Service Provider Number: _____

*Contact Number: _____ Email: _____

Private line if available - for use by Medicare personnel only.

Section 2 - Delegate Information

*Last Name: _____

*First name: _____

*Contact Number: _____ Email: _____

*Delegate's signature: _____



Section 3 - Action and Responsibilities

By checking the **Add** box (below), you are authorizing Medicare to provide information and access to the delegate mentioned in section 2 above. If you wish to remove authority for an existing delegate, please ensure you check the **Remove** box (below). **For each responsibility delegated, you must provide the account number(s) impacted** (in the *Account Number(s)* field below).

Delegated responsibility	*Action Required		*Account Number(s)
	Add	Remove	
- transmit/submit claims			
- view biweekly Reconciliation statements in ECP (Electronic Communication to Physicians) for said account(s)			
- authorize adjustments and/or recoveries to the said account(s) to ensure billings are accurate			
- communicate with Medicare regarding information associated to the said account(s)			
- request changes to the said account(s) such as an address change or banking change			
- view my <i>Service Provider Profile by Individual Service Code</i> report (This is a summary of all Fee-For-Service billing accounts used by the service provider)			Note: Since this is a summary report, no account number needs to be listed.

Section 4 - Agreement

I hereby agree to the following:

1. I continue to be responsible to ensure that all billings are made under the appropriate account;
2. I authorize Medicare to make adjustments and recoveries from the account(s) to ensure claims are accurately submitted on my behalf;
3. As per sections 2 and 3 above, I hereby give authority to my delegate to act on my behalf for the account(s); and
4. I understand that I continue to be fully responsible for the billings and related Medicare documents.

*Service Provider signature¹: _____ Date: _____

¹All physicians within a group account must sign unless the group has designated a lead physician. Medicare must have documentation of the designation.