

TARIFF AUTHORIZATION APPLICATION FORM

Please complete the sections for requesting physician and return signed form with supporting documentation to PHHRP@sharedhealthmb.ca for review and processing

* This form is intended to be used only for tariffs requiring approval, such as approval from Cancer Care Manitoba, Shared Health Provincial Chief Medical Officer (CMO) or designate, etc. This form should not be used for ECG or short list laboratory approval requests.

THIS SECTION TO BE COMPLETED BY REQUESTING PHYSICIAN

LAST NAME	FIRST NAME
SPECIALTY	BILLING NUMBER
EMAIL ADDRESS	PHONE NUMBER

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Requested Tariff #	Requested Tariff Description
<i>For example: 0575</i>	<i>Biopsy of suspected sarcoma, resection of a complex bone, and/or complex soft tumour tissue(s), per 15 minutes</i>

Additional training/skills completed (if applicable): Yes No

Supporting documentation (e.g., Certificate, CV) as per the tariff notes listed in the physician manual provided and attached to application, if applicable Yes No

THIS SECTION TO BE COMPLETED BY REQUESTING PHYSICIAN

<input type="checkbox"/> I certify the above information is true and I have attached the appropriate supporting documentation as required for the tariff in the Physician Manual.	
PHYSICIAN SIGNATURE:	DATE:

<i>For Office Use Only</i>		
Supported by Provincial Medical Specialty Lead (PMSL) / Designate		
<i>Name</i>	<i>Signature</i>	<i>Date</i>
Approved by Cancer Care Manitoba / Provincial Chief Medical Officer (PCMO) / Designate		
<i>Name</i>	<i>Signature</i>	<i>Date</i>