

## Change of Address for Health Care Professionals

### Instructions:

Health Care Professionals will complete this form to update their address information with the Ministry of Health and Long-Term Care (the ministry). You must give the ministry **at least 30 days** advance notice of any changes to your address information referred to below.

- Primary Practice Address - the site at which the majority of insured services is expected to be rendered.
- Additional Site Address - use additional sheet if necessary.
- Mailing Address - for ministry correspondence to be sent if different than the primary practice address (must be a Canadian address).

For more information on completing this form, please contact the ministry's Service Support Contact Centre by email: [SSContactCentre.MOH@ontario.ca](mailto:SSContactCentre.MOH@ontario.ca) or by calling 1 800 262-6524.

### Section 1 - Personal Information

Last Name	First Name	OHIP Billing Number (if applicable)
-----------	------------	-------------------------------------

### Section 2 - Primary Practice Address

(PO Box and RR Number are not acceptable)

Effective Date of Change (yyyy/mm/dd)		
Unit Number	Street Number	Street Name
City/Town		Province <b>ON</b>
Postal Code		
Telephone Number ext.	Fax Number	Email Address

### Section 3 - Additional Site Address

- Add     
  Change     
  Cancel  
 Private Practice   
  Group     
  Hospital     
  Locum     
  Delegated Service     
  Other (e.g. employee)

Information line (e.g. c/o name, department of, to the attention of, floor)			Effective Date of Change (yyyy/mm/dd)
Unit Number	Street Number	Street Name	
City/Town		Province <b>ON</b>	Postal Code
Telephone Number ext.	Fax Number	Email Address	

### Section 4 - Mailing Address

- Add     
  Change     
  Cancel

Information line (e.g. c/o name, department of, to the attention of, floor)			Effective Date of Change (yyyy/mm/dd)
Unit Number	Street Number	Street Name	
City/Town		Province <b>ON</b>	Postal Code
Telephone Number ext.	Fax Number	Email Address	