



RHA Delegate Request Form

A Medicare service provider may choose to appoint a Regional Health Authority (RHA) as delegate for one or all of their Medicare billing accounts. If a provider(s) wishes to appoint an RHA, the provider(s) must complete the "*Agreement - Delegation of a Regional Health Authority*".

The purpose of this form is to allow the RHA to add or remove access for an RHA employee tasked with supporting a Medicare service provider(s) for Electronic Communication for Physicians (ECP) and/or Medicare Claims Entry (MCE).

Please return the completed form(s) to Medicare Payments by mail, fax or email:

Department of Health

Medicare Payments

PO Box 5100

Fredericton, NB E3B 5G8

Fax: (506) 444-4999

Email: DHMedPay@gnb.ca

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 asterick (*) are required fields. These fields are important to ensure prompt and appropriate action, please ensure they are complete to avoid any delays.

If you are a service provider trying to appoint a delegate who is not acting on the RHA's behalf, you must complete the "**Medicare - Delegate Authorization Form**".

Section 1 - RHA Information

*Regional Health Authority: _____

*Zone: _____

Section 2 - Delegate Information

*Last Name: _____

*First Name: _____

*RHA Username: _____

*Contact Number: _____

RHA Email: _____



Section 3 - ECP Access will allow the delegate mentioned in section 2 to receive general communications from Medicare, to retrieve Biweekly Reconciliation Statements (BRS) in the ECP system and to communicate with NB Medicare regarding information on the BRS for the account(s) listed below.

When requesting ECP access for an RHA employee, the RHA must have record that each provider within the account has authorized the RHA to appoint a delegate(s) for the account(s) listed below by signing the "Agreement - Delegation of a Regional Health Authority"

*Medicare Billing Account Number	*Action Required	
	Add	Remove

Section 4 - MCE Access will allow the delegate mentioned in section 2 to submit/transmit claims, to communicate with NB Medicare regarding submitted claims and to authorize adjustments and/or recoveries to ensure claims are accurately submitted on the physician's behalf for the account(s) listed below.

When requesting MCE access for an RHA employee, the RHA must have record that each provider listed below has authorized the RHA to appoint a delegate(s) for the account(s) listed below by signing the "Agreement - Delegation of a Regional Health Authority"

*Medicare Billing Account Number	*Service Provider Number(s)	*Action Required	
		Add	Remove

Note: If the delegation is for all providers within the account(s), indicate ALL in the Service Provider Number(s) section.

Section 5 - Agreement

By signing this form, I declare that the Regional Health Authority, listed in Section 1, has received copy(ies) of each physician's "Agreement - Delegation of a Regional Health Authority" within the account(s) listed above. Images of the "Agreements" received by Medicare Payments, Department of Health may be reviewed by accessing the following SharePoint site: [Home/Accueil - Medicare - Insured Services and Physician Remuneration / Assurance-maladie - Services assurés et rémunération des médecins](#)

Signature - Zone Director of Finance: _____ Date: _____