



Complete this form to request access to the Service Provider Portal. A Business BCeID account is necessary and the information provided on this form must match your Business BCeID records (www.bceid.ca). If your Business BCeID records are not up to date, please update the information with the BCeID office before completing and submitting this form.

\* = required field. Failure to complete this field will cause delays in processing your request.

SERVICE PROVIDER INFORMATION  Create a new Portal account  Update an existing Portal account

Form with fields: LEGAL NAME OF SERVICE PROVIDER\*, BC CORPORATE REGISTRY BUSINESS NUMBER (if applicable), BUSINESS ADDRESS (must match BCeID)\*, CITY/TOWN, POSTAL CODE, BUSINESS PHONE NUMBER\* ( ( ) ), BUSINESS EMAIL\* (You may be contacted via email for payment related matters), PROGRAM REQUESTED\* (Autism Funding, Medical Benefits), VENDOR (SUPPLIER) NUMBER (can be found on cheque remittance statement)

DELEGATED ADMINISTRATOR (Responsible for Portal User Access administration)

Form with fields: BCeID USER ID\*, USER LAST NAME\*, USER FIRST NAME\*

ADDITIONAL SERVICE PROVIDER PORTAL USERS (if applicable)

Please Note: these users will have Service Provider Portal access to data pertaining to the Service Provider listed above and any subsidiary companies the Service Provider has attached to its BCeID Number.

Table with 3 columns: BCeID USER ID, USER LAST NAME, USER FIRST NAME

AUTHORIZED SERVICE PROVIDER REPRESENTATIVE

I confirm I have the authority to approve the above users to access information through the Service Provider Portal on behalf of the Service Provider. I understand the users will have Service Provider Portal access to data pertaining to the Service Provider listed above and any subsidiary companies the Service Provider has attached to its BCeID Number.

Form with fields: NAME (FIRST AND LAST)\*, SIGNATURE\*, POSITION WITHIN COMPANY\*, DATE (YYYY-MM-DD)\*

Please mail, fax, or scan and email the completed and signed form to:

Autism Funding Branch
PO Box 9776 STN PROV GOVT
Victoria BC V8W 9S5
Fax: 250 356-8578
MCF.ServiceProviderPortal@gov.bc.ca

Medical Benefits Branch
PO Box 9763 STN PROV GOVT
Victoria BC V8W 9V3
Fax: 250 356-2159
MCF.ServiceProviderPortal@gov.bc.ca