

## Section 1 - Ministry Services

Check the applicable box(es) for the software which you are requesting to be tested:

- ☒ Health Card Validation (HCV) Web Service
- ☒ Medical Claims Electronic Data Transfer (MC EDT) Web Service

## Section 2 - Applicant Information

Name of Organization / Company

DoctorCare Inc

Software Name

FHOcare

Version to be Tested

1

*If any changes are made to the version of your software listed above, you must complete and submit another form to request conformance testing on the revised software. For further information on conformance testing, refer to the ministry's website at: [http://www.health.gov.on.ca/english/providers/pub/pub\\_menus/pub\\_ohip.html](http://www.health.gov.on.ca/english/providers/pub/pub_menus/pub_ohip.html)*

*Please ensure your email address is provided below. Upon successful conformance testing, the ministry will email you a letter which will include the production conformance key(s) for the requested service(s).*

### Business Contact

First Name

Peter

Last Name

Cresswell

Telephone Number

4168883620

ext.

Email

cresswell@doctorcare.ca

Fax Number

18885327290

Address

Unit No.

203

Street Number

688

Street Name

Richmond St W

PO Box

City/Town

Toronto

Province

ON

Postal Code

M9P1Z9

**By signing below, I acknowledge that I have read this Acceptable Use Policy and agree to comply with this policy and to only use the ministry's Conformance Testing Service in accordance with this policy.**

Applicant's Signature



Date (yyyy/mm/dd)

2016/07/15

**Return the completed signed form to the Service Support Contact Centre at:**

[SSContactCentre.MOH@ontario.ca](mailto:SSContactCentre.MOH@ontario.ca)

Clear Form

Print Form