Montana Department of Justice
Office of Consumer Protection

MONTANA
END-OF-LIFE REGISTRY
https://dojmt.gov/consumer/end-of-life-registry/

Health Care Provider Registration Agreement

For office use only

PO Box 201410, Helena, MT 59620-1410 • Phone (406) 444-0660 or (866) 675-3314 • E-mail: endofliferegistry@mt.gov

This form is used by health care providers to register for access to the repository of advance directives available online through the Montana End-of-Life Registry.

- Complete this Agreement and return it to the address above to request your End-of-Life Registry user name and password.
- Your request will be processed within three weeks and you will receive further information in the mail.
- For further assistance, please contact the Office of Consumer Protection at the address above.

Facility Type: (check one)

□ Ambulatory Surgery Facility □ Hospice □ Private Office
□ Clinic □ Hospital □ Other _____
□ Home Health Care Agency □ Nursing Facility

Name of Health Care Facility or Provider	Facility ID No. or Health Care Provider License No.	ID or License No. Expiration Date

Department (optional)

E-mail Address (optional)

Mailing Address

City	State	Zip	Telephone	Fax