



It is the responsibility of the Provider to notify Express Scripts Canada in writing of any changes to their provider information. Please allow ten (10) business days for Express Scripts Canada to process your request.

**PROVIDER INFORMATION (Mandatory to Complete)**

Provider Number: \_\_\_\_\_

Language Preference:  English  French

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Office ID (CDAnet/ ACDQ/ DACnet™/ CDHA-ACHDnet™): \_\_\_\_\_

**SECTION A – COMMUNICATIONS (Change)**

General Communication (select one):

E-mail Address \_\_\_\_\_

Fax \_\_\_\_\_  Mail \_\_\_\_\_

**SECTION B – CONTACT INFORMATION (Change)**

OLD ADDRESS

NEW ADDRESS

Effective Date: \_\_\_\_\_

Clinic Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Suite/ P.O. Box: \_\_\_\_\_  
City/ Prov/ Postal Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Clinic Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Suite/ P.O. Box: \_\_\_\_\_  
City/ Prov/ Postal Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**SECTION C – ADDITIONAL OFFICES (Change or Set Up) (if required, use a separate page and attach)**

ADDITIONAL OFFICE #1

ADDITIONAL OFFICE #2

Effective Date: \_\_\_\_\_  
Status (select one):  Owner  Associate  
Office ID(CDAnet/ ACDQ/ DACnet™/ CDHA-ACHDnet™): \_\_\_\_\_  
Clinic Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Suite/ P.O. Box: \_\_\_\_\_  
City/ Prov/ Postal Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Effective Date: \_\_\_\_\_  
Status (select one):  Owner  Associate  
Office ID (CDAnet/ ACDQ/ DACnet™/ CDHA-ACHDnet™): \_\_\_\_\_  
Clinic Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Suite/ P.O. Box: \_\_\_\_\_  
City/ Prov/ Postal Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_



**SECTION D – PAYMENT INFORMATION (Change or Set Up for Electronic Funds Transfer/ Statements)**

I instruct Express Scripts Canada to set up or change my direct EFT PAYMENTS. This form authorizes deposits to the account and does not authorize withdrawals or any other transactions with respect to the account. All information will be treated as private and confidential. I will advise Express Scripts Canada promptly of any changes to bank, branch or account number.

Effective Date: \_\_\_\_\_ NEW or REPLACE Banking Information

Office ID (CDAnet/ ACDQ/ DACnet™/ CDHA-ACHDnet™): \_\_\_\_\_ ATTACH: VOID Cheque or Official Bank Letter

Dental Office Phone No.: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Bank No.: | | | | Branch/ Transit No.: | | | | Account No.: | | | | | | | | | |

I choose to receive payment by cheque  I choose to receive paper payment statements

NOTE: A shipping and handling charge of \$15 per bi-weekly statement run for each location will apply if you choose one of the above. There is no charge if you choose the electronic bundle which includes EFT and electronic statements.

**SECTION E – OTHER (Change to Incorporation, Specialty, or Other)**

Effective Date: \_\_\_\_\_  Incorporation (include new unique Provider Number): \_\_\_\_\_

Specialty: \_\_\_\_\_  Other (Description of Change): \_\_\_\_\_

**SECTION F – Exemption for payment via direct deposit and electronic payment statements**

You may be exempt from electronic bundling if you work in a remote area and are unable to reliably connect to the internet or you are planning to close your practice within a one year period and cannot feasibly incorporate this change.

If either circumstance is applicable and you would like to be considered for exemption, please provide the details in the space below:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Provider Name (please print full name)

\_\_\_\_\_  
Provider Signature (NO STAMPS) Date

Return the completed, signed form with VOID cheque or Official Bank Letter (if applicable) by fax or mail to (photocopy of VOID cheque is acceptable when faxing):

Express Scripts Canada, Attention: Provider Relations, 5770 Hurontario St., 10<sup>th</sup> Floor, Mississauga, ON L5R 3G5, Fax Number: 1-855-622-0669.