

## MODIFICATION TO PHARMACY/ MEDICAL SUPPLIES AND EQUIPMENT PROVIDER INFORMATION FORM

It is the responsibility of the Provider to notify Express Scripts Canada in writing of any changes to their provider information.

pply all profile changes to: heck both if applicable):	<ul><li>□ Express Scripts C</li><li>□ Non-Insured Healt</li></ul>		nacy Only) rogram Claims (First Nations and I	nuit) (Pharmacy and M	1S&E)
rovider No.:			La	nguage Preference:	English Frenc
perating Name:					
egal Name:					
urrent Address:					
ity:		Pi	ovince:Posi	al Code:	
hone No.:			Fax	No.:	
mail Address:					
ontact Name:			Title	e:	
SECTION A - COMM	UNICATIONS (Cha	nge) ( <i>Delivery M</i> o	ode)		
General Communications (se	elect one): Email	Fax Mail	Prior Approval Letters (select	one): Fax	Mail
SECTION B - OPERA	-				
An Operating Name change is	accepted when the Le	egal Name and Owr	nership Names remain the same.		
Effective Date (yyyy-mm-dd)	:				
Current Operating Name:					
New Operating Name:					
Legal/ Ownership Name ( If you check this box, an E.	• •	•	r removing owner names) contact you directly to complete a	NEW Agreement.	
SECTION C - ADDRE	SS (Change)				
Effective Date:					
Address:			P	hone No.:	
City:		P	rovince: Posta	al Code:	
Preferred Ple Communication Mode:	ease select <i>one</i> : Email Address:		Fax N	o.:	Mail
SECTION D - PAYM	ENT INFORMATION	N (Change or Set	Up) (Electronic Funds Trans	sfer)	
I instruct Express Scripts Cana withdrawals or any other trans Express Scripts Canada prom	actions with respect to	the account. All info	MENTS. This form authorizes depormation will be treated as PRIVA point number.	posits to the account and EAND CONFIDENTIA	nd does not authorize AL. I will advise
Effective Date:			<b>NEW Banking Information</b>	REPLACE Ba	anking Information
Complete bank information be	low and Attach a V	OID Cheque or Offi	cial Bank Letter (Photocopy of VOI	D cheque is acceptable wi	nen faxing)
Bank Name:		B	ranch Name:		
Branch Address:					
City:		P	rovince: Postal Code:		
Bank No.:	Branch/ Transi	t No.:	Account No.:	1 1 1 1 1	<u> </u>
SECTION E - DISPEN	ISING FEE (Chang	e) (Non-Quebec l	Pharmacies ONLY)		
ONTARIO Pharmacies:	7 O-1	ODD	All OTHER Pharmacies:		
Eff. Date:	•		Eff. Date:		
CLIDDENT LIVE Face			CURRENT U&C Fee:		
CURRENT U&C Fee:					
CURRENT U&C Fee:			NEW U&C Fee:		
			NEW U&C Fee:		

Date

Return the completed, signed form (and VOID cheque or Official Bank Letter, if applicable) by fax or mail to: Express Scripts Canada, Attention: Provider Relations, 5770 Hurontario St., 10<sup>th</sup> Floor, Mississauga, ON L5R 3G5, Fax No.: 1-855-622-0669.

Signature