

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.

PROVIDER INFORMATION (Mandatory to Complete)

Apply all profile changes to: Express Scripts Canada Claims (Pharmacy Only)
(check both if applicable): Non-Insured Health Benefits (NIHB) Program Claims (First Nations and Inuit) (Pharmacy and MS&E)

Provider No.: _____ Language Preference: English French
 Operating Name: _____
 Legal Name: _____
 Current Address: _____
 City: _____ Province: _____ Postal Code: _____
 Phone No.: _____ Fax No.: _____
 Email Address: _____
 Contact Name: _____ Title: _____

SECTION A – COMMUNICATIONS (Change) (Delivery Mode)			
General Communications (select one):	Email	Fax	Mail
Prior Approval Letters (select one):	Fax	Mail	

SECTION B – OPERATING NAME (Change)
<p>An Operating Name change is accepted when the Legal Name and Ownership Names remain the same.</p> <p>Effective Date (yyyy-mm-dd): _____</p> <p>Current Operating Name: _____</p> <p>New Operating Name: _____</p> <p>Legal/ Ownership Name Change Required (includes adding and/ or removing owner names) <i>If you check this box, an Express Scripts Canada representative will contact you directly to complete a NEW Agreement.</i></p>

SECTION C – ADDRESS (Change)
<p>Effective Date: _____</p> <p>Address: _____ Phone No.: _____</p> <p>City: _____ Province: _____ Postal Code: _____</p> <p>Preferred Communication Mode: Please select one: <input type="checkbox"/> Email Address: _____ <input type="checkbox"/> Fax No.: _____ <input type="checkbox"/> Mail</p>

SECTION D – PAYMENT INFORMATION (Change or Set Up) (Electronic Funds Transfer)
<p>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.</p> <p>Effective Date: _____ NEW Banking Information REPLACE Banking Information</p> <p>Complete bank information below and Attach a VOID Cheque or Official Bank Letter (Photocopy of VOID cheque is acceptable when faxing)</p> <p>Bank Name: _____ Branch Name: _____</p> <p>Branch Address: _____</p> <p>City: _____ Province: _____ Postal Code: _____</p> <p style="font-size: small;">Bank No.: Branch/ Transit No.: Account No.: </p>

SECTION E – DISPENSING FEE (Change) (Non-Quebec Pharmacies ONLY)	
<p>ONTARIO Pharmacies:</p> <p>Eff. Date: _____ Zone Set by ODB: _____</p> <p>CURRENT U&C Fee: _____</p> <p>NEW U&C Fee: _____</p>	<p>All OTHER Pharmacies:</p> <p>Eff. Date: _____</p> <p>CURRENT U&C Fee: _____</p> <p>NEW U&C Fee: _____</p>

 Full Name, Owner or Director of the Business (please print) Position/ Title

 Signature SIGNED 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., 10th Floor, Mississauga, ON L5R 3G5, Fax No.: 1-855-622-0669.