



Dental Group User ID Request Form

The Dental Group User ID Request Form allows users to view statements for multiple professionals in one account. In addition, the group account allows users to:

- Have one username and password for all grouped professionals
- Update the group account when professionals join or leave the office
- Use a preferred email address for all professionals, as online access is assigned to one email address for each account

Please complete all sections and return by fax to 1 (855) 622-0669. Express Scripts Canada will process your request within 10 business days.

PROFESSIONAL INFORMATION (Mandatory to complete for each dental professional)

<input type="checkbox"/> Add professional to existing group user ID	<input type="checkbox"/> New Request
Surname: _____	First Name: _____
Unique Provider No: _____	Signature: _____
Surname: _____	First Name: _____
Unique Provider No: _____	Signature: _____
Surname: _____	First Name: _____
Unique Provider No: _____	Signature: _____
Surname: _____	First Name: _____
Unique Provider No: _____	Signature: _____
Surname: _____	First Name: _____
Unique Provider No: _____	Signature: _____

Note: Please fill out an additional Dental Group User ID Request Form if there are more than 5 dental professionals to be added to the group account and send both forms to Express Scripts Canada for processing.

OFFICE INFORMATION

Office Contact Person: _____ Office ID: _____

Email Address: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone Number: _____

Telephone: 1 (800) 563-3274 Fax: 1 (855) 622-0669

