

It is the responsibility of the owner to notify Express Scripts Canada in writing, twenty (20) business days in advance of any changes to their pharmacy information.

PROVIDER INFORMATION (Mandatory)

Provider Number: _____ Language Preference: English French
 Operating Name: _____
 Legal Name: _____
 Current Address: _____
 City/Province/Postal Code: _____
 Phone Number: _____ Fax Number: _____
 Email Address: _____
 Contact Name: _____ Title: _____

 SECTION A – OPERATING NAME (Change)

An operating name change is accepted when the **legal and/or pharmacy owner names** remain the same.

Effective Date: _____

Current Operating Name: _____

New Operating Name: _____

Change of legal/pharmacy ownership name is required (includes adding and/or removing owner and shareholder names)

IMPORTANT: Express Scripts Canada will request the completion of a **new** Pharmacy Agreement, the current owner's provider number will be *ended with the pharmacy closure and files will be transferred to the new owner's assigned provider number.*

 SECTION B – ADDRESS AND COMMUNICATIONS (Delivery Mode and Change)

Effective Date: _____

Address: _____ Phone Number: _____

City: _____ Province: _____ Postal Code: _____

Express Scripts Canada will send communications using the following methods: **email**, fax then mail

Same Email Address or New Email Address: _____

Same Fax Number or New Fax Number: _____

 SECTION C – PAYMENT INFORMATION (Change or Set up Direct Deposit)

I instruct Express Scripts Canada to set up or change my direct deposit of 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 numbers.

Effective Date: _____ **New Banking Information** or **Replace Banking Information**

Complete the bank information below and **Attach a Void Cheque** (Photocopy of void cheque is acceptable when faxing) or **Official Bank Letter**

Bank Name: _____ Branch Name: _____

Branch Address: _____

City: _____ Province: _____ Postal Code: _____

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

 SECTION D – DISPENSING FEE (Change, (Non-Quebec Pharmacies ONLY)
Ontario Pharmacies Only:

Effective Date: _____ Zone Set by ODB: _____

Current U&C Fee: _____

New U&C Fee: _____

All Other Pharmacies:

Effective Date: _____

Current U&C Fee: _____

New U&C Fee: _____

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

Position/ Title (please print)

Signature, Owner or Director of the Business

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 Number: 1-855-622-0669.