EXPRESS SCRIPTS®

DENTURIST PROVIDER ENROLMENT FORM

PROVIDER INFORMATION (Mandatory Information)

Language Preference: ❑ **English** ❑ **French**

Provider Number: _____ **First Name:** _____

Licence Number: _____ **Last Name:** _____

❑ Additional Office or ❑ Update Office

Office ID (DACnet™): _____

Effective Date: _____

Clinic Name: _____

Street Address: _____

Suite / PO Box: _____

City / Prov. / Postal Code: _____

Phone No.: _____ Fax No.: _____

Email Address: _____

I wish to receive payment by: ❑ cheque or ❑ direct deposit

Bank Name: _____

Branch Name: _____

Branch Address: _____

City / Prov. / Postal Code:

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

Account No.: | | | | | | | | | | | |

ATTACH: ❑ VOID Cheque or ❑ Official Bank Letter

❑ Additional Office or ❑ Update Office

Office ID (DACnet™): _____

Effective Date: _____

Clinic Name: _____

Street Address: _____

Suite / PO Box: _____

City / Prov. / Postal Code: _____

Phone No.: _____ Fax No.: _____

Email Address: _____

I wish to receive payment by: ❑ cheque or ❑ direct deposit

Bank Name: _____

Branch Name: _____

Branch Address: _____

City / Prov. / Postal Code:

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

Account No.: | | | | | | | | | | | |

ATTACH: ❑ VOID Cheque or ❑ Official Bank Letter

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

After you complete, sign and return this Denturist Provider Enrolment Form, Express Scripts Canada will review the information contained herein and once approved, Express Scripts Canada will assign a unique Provider Number authorizing applicant (you) as a Provider (the "Provider") allowing you to submit claims directly to Express Scripts Canada for payment of eligible services provided to Members who are eligible for dental benefits under certain dental benefit plans.

Provider's submission of claims to Express Scripts Canada will be subject to the Terms and Conditions of the Denturist Provider Enrolment Form and the Denturist and Dental Hygienist Provider Manual (the "Manual"). A copy of the Manual will be available upon enrolment. Please note the Manual is updated from time to time as necessary and at Express Scripts Canada's sole discretion.

As signatory to this form, you will be responsible for all services billed by Provider, and paid for by Express Scripts Canada, regardless of the corporate structure of the clinic from which you operate. A submission of a claim under your unique Provider Number indicates your understanding and acceptance of Express Scripts Canada's Terms and Conditions. In addition, Providers attest to their enrolment and good standing with their respective Dental Provider Province/ Territory Licensing Body.

Terms and Conditions include, but are not limited to:

- Provider licensure and eligibility requirements
- Member eligibility requirements
- Coordination with other health plans
- Documentation submission process and requirements
- Benefits and applicable limitations
- Requirements for Providers on the use of treatment codes and standard definitions
- Administrative Provider Audit Program which includes an On-site Audit Program
- Maintenance of relevant documentation and records
- Mandatory EFT enrolment for EDI submission claims

The terms of this enrolment shall commence on the date the Provider receives a unique Provider Number from Express Scripts Canada and will terminate upon request. Express Scripts Canada may serve the Provider a written notification of termination of Provider's enrolment hereunder. Please refer to the Manual for further details.

_____ _____ _____

Provider Name (please print full name) **Provider Signature** (NO STAMPS) **Date**

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

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

(if necessary, sign and attach another form for more offices)