

DENTAL PROVIDER MODIFICATION FORM

This form is not applicable to the NIHB program.

It is the responsibility of the provider to notify Express Scripts Canada in writing of any changes to their provider information. Please allow ten (10) business days for Express Scripts Canada to process your request.

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

Uploading to: Provider Contact Form under the section Healthcare Providers - Become a Healthcare Provider

https://www.express-scripts.ca/healthcare-providers/become-a-provider

Fax to: 1 855 622-0669

Express Scripts Canada, Attention: Provider Relations Mail to:

6985 Financial Drive, Suite 300 Mississauga, ON L5N 0G3

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Express Scripts Canada July 2025 DENTAL PROVIDER MODIFICATION FORM

Provider Name (please print full name)