



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)

Add professional to existing group user ID

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



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