



Extended Health Care Group User ID Request Form

The Extended Health Care 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 extended health care professionals)

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 Extended Health Care Group User ID Request Form if there are more than 5 professionals to be added to the group account and send both forms to Express Scripts Canada for processing.

OFFICE INFORMATION

Office Contact Person: _____

Email Address: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone Number: _____