

Payments for claims are directly deposited into your bank account with a corresponding reconciliation/payment summary mailed to you. Please note that if you have more than one pharmacy, a separate authorization must be completed for each location. Changes take up to four weeks to be effective, as they must be coordinated with the cheque run schedule. If you have any questions, please call the pharmacy agreement coordinator toll-free at 1-844-498-8292.

1. BANKING CHANGE FOR EXISTING PROVIDER

Existing Alberta Blue Cross provider number	Is the change due to a change of ownership or transfer of shares? <input type="checkbox"/> Yes <input type="checkbox"/> No
Effective date of banking change (YYYY-MM-DD)	

2. PHARMACY BUSINESS INFORMATION

Legal name			
Operating name (if different)			
Pharmacy site address	City	Province	Postal code
Pharmacy mailing address (if different than site)	City	Province	Postal code
Pharmacy mailing address for reconciliation/payment summaries	City	Province	Postal code
Pharmacy phone number	Pharmacy fax number	Pharmacy email address	

3. BANKING INFORMATION

Branch (transit) number (maximum 5 digits)	Bank number (maximum 3 digits)	Account number (maximum 12 digits)

NOTE: In order for this authorization to be processed, a copy of a pre-printed void cheque identifying the pharmacy must be attached. If you do not have a pre-printed cheque, attach a signed letter from your bank identifying the pharmacy and the account details.

4. CERTIFICATION AND AUTHORIZATION

I certify that I am an owner or individual legally authorized to sign on behalf of the legal entity. I further certify that the information provided on this form is both true and complete, and agree that all claims must be submitted in compliance with the Alberta Blue Cross Guidelines for Access to PRIDE RT. I also authorize Alberta Blue Cross to directly deposit payments for claims into the bank account identified herein.

Authorized signature	Name (please print)	Title
Confidential email	Daytime phone number	Date (YYYY-MM-DD)

PLEASE RETURN THIS FULLY COMPLETED FORM

By fax
780-498-3549

By email
pamt@ab.bluecross.ca

FOR ASSISTANCE

By phone
1-844-498-8292

For Alberta Blue Cross use only	Date processed (YYYY-MM-DD)
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