

Direct Deposit of Funds is available for both electronic and paper claims submissions. Please note that if you have more than one office, a separate application must be completed for each office. For practices with more than one dental provider, each dental provider who bills under his or her own ID number should complete a separate form.

DENTAL PROVIDER INFORMATION				
LAST NAME	FIRST NAME	INITIAL	DENTAL COLLEGE LICENSE NUMBER/ UNIQUE IDENTIFICATION NUMBER:	TELEPHONE NUMBER
FAX NUMBER			EMAIL ADDRESS	
PRACTICE/CLINIC ADDRESS			CITY	PROVINCE
				POSTAL CODE

ACCOUNT HOLDER BANKING INFORMATION				
LAST NAME	FIRST NAME	INITIAL	NAME OF BANK	
BRANCH ADDRESS			CITY	PROVINCE
				POSTAL CODE
BANK TRANSIT NUMBER (5 digits)		BANK NUMBER (3 digits)	ACCOUNT NUMBER (maximum 12 digits)	

A voided blank cheque or proof of account number from your bank must be attached as confirmation of your banking information.

If you do not have a chequing account, please provide a statement from your bank containing verification of your account number.

I hereby authorize Alberta Blue Cross to initiate direct deposit of funds to my practice's account to expedite payment for assigned claims for dental services.

Signature: _____ Date: _____

Please mail or fax your original completed form to:

**Alberta Blue Cross
Dental Provider Maintenance
10009-108 Street
Edmonton, AB T5J 3C5**

Fax: 780-498-8585 (Edmonton and area)

For more information about electronic funds transfer, please call:

**Alberta Blue Cross
Dental Services
780-498-8977 (Edmonton and area)
403-294-4042 (Calgary and area)
1-800-567-8104 (toll-free)**

PLEASE NOTE THAT ALBERTA BLUE CROSS HAS THE RIGHT TO REFUSE OR REMOVE DIRECT DEPOSIT OF FUNDS PRIVILEGES AT ANY TIME.

