ALBERTA BLUE CROSS®

OPTICAL PROVIDER APPLICATION FOR DIRECT DEPOSIT OF FUNDS

Please note that if you have more than one office, a separate application must be completed for each office. For offices with more than one optical provider, each provider who bills under their own practice is required to complete a separate form.

ACTION REQUESTED

☐ Initial Set Up* ☐ Change* ☐ Cancellation* | *Please indicate effective date

Please note: By cancelling your Direct Deposit of Funds, you will be issued payment by cheque effective next scheduled payment.

OPTICAL PROVIDER INFORMATION

LEGAL or OPERATING BUSINESS NAME

BUSINESS NAME – If different than the one indicated above | BUSINESS ADDRESS

CITY | PROVINCE | POSTAL CODE | PHONE NUMBER | FAX NUMBER

BANKING INFORMATION

SURNAME OF ACCOUNT HOLDER | FIRST NAME | INITIAL | NAME OF BANK

BRANCH ADDRESS | CITY | PROVINCE | POSTAL CODE

BANK TRANSIT NUMBER (5 digits after the cheque number) | INSTITUTION NUMBER (3 digits after the transit number) | ACCOUNT NUMBER (Remaining digits after institution number)

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 the account noted above.

Signature: _____ Date: _____

Please mail or fax your completed form to:

Alberta Blue Cross
Health Services Provider Relations
10009-108 Street
Edmonton, AB T5J 3C5

Fax: 780-498-3544 (Edmonton and area)

For assistance with this form or more information about on-line claims submission, please call:

780-498-8083 (Edmonton and area), or
1-800-588-1195 (toll-free)

Please note: Alberta Blue Cross has the right to refuse or remove direct deposit of funds at any time.