ALBERTA BLUE CROSS®

APPLICATION FOR AN ALBERTA BLUE CROSS AGREEMENT (WESTERN)

TO BE USED SOLELY FOR PHARMACIES LOCATED IN BC, SK, AND THE TERRITORIES

Reason for request	Pharmacy operations (choose all that apply)	Pharmacy operating effective date (YYYY-MM-DD)
☐ New pharmacy ☐ Change of ownership (existing provider number)_____ ☐ Other (please specify) _____	☐ Community ☐ Long-term care ☐ Internet ☐ Mail order ☐ Hospital ☐ Compounding ☐ Other (please specify) _____	

1. 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
Name of managing pharmacist	Current software vendor	

2. PHARMACY CLASSIFICATION

☐ **Independent**	☐ **Franchise** Franchise name: _____
☐ **Banner** Banner name: _____	☐ **Chain** Chain name: _____

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		FOR ASSISTANCE
By fax 780-498-3549	**By email** pamt@ab.bluecross.ca	**By phone** **1-844-498-8292**

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

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