

THE INFORMATION BELOW MUST BE FILLED OUT IN ITS ENTIRETY TO BE REGISTERED

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 provider**, each person who bills under their own practice should complete a separate form.

ACTION REQUESTED	
<input type="checkbox"/> Initial set up <input type="checkbox"/> Change	Please indicate effective date (YYYY-MM-DD) _____

PROVIDER INFORMATION				
Legal name of the individual provider or clinic				
Operating/practice name (if different than legal name)			Business address	
City	Province	Postal code	Phone number	Fax number

ACCOUNT HOLDER BANKING INFORMATION				
Please ensure the following banking information is accurate and clearly legible as it will be added to our system as it appears on this form.				
NOTE: in order for this authorization to be processed, a copy of a pre-printed void cheque identifying the payee must be attached. If you do not have a pre-printed cheque, attach a signed letter from your bank identifying the payee and the account details.				
Last name	First name	Initial(s)	Name of financial institution	
Branch address		City	Province	Postal code
Bank transit number (5 digits)	Bank number (3 digits)	Account number (maximum 12 digits)		

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® terms of use. I also authorize Alberta Blue Cross to directly deposit payments for claims into the bank account identified herein.	
Signature _____	Date (YYYY-MM-DD) _____
Please fax your completed form to Alberta Blue Cross Health Provider Services Fax: 780-498-3544 Toll free fax: 1-855-498-3546	For assistance with this form or more information about online health services claims submission, please call 780-498-8083 (Edmonton and area) 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.

