



## Group User ID Request Form for Online Statements

The Group User ID Request Form for Online Statements allows users to view statements for multiple Providers in one account. In addition, the group account allows users to:

- Have one username and password for all grouped Providers
- Update the group account when Providers join or leave the office
- Use a preferred email address for all Providers, as online access is assigned to one email address for each account

Please complete all sections and return by fax to 1 855 622-0669. Express Scripts Canada will process your request within 10-business days.

Select one:  Dental  Pharmacy  Medical Supplies and Equipment  
 Vision Care  Mental Health Counselling  Extended Health Care

Apply all profile changes to:  Express Scripts Canada  
(check both if applicable)  Non-Insured Health Benefits (NIHB) Program

### PROVIDER INFORMATION (Mandatory to complete for each Provider)

New Request  Add Provider(s) to existing group user ID

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Provider No: \_\_\_\_\_ Provider Signature: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Provider No: \_\_\_\_\_ Provider Signature: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Provider No: \_\_\_\_\_ Provider Signature: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Provider No: \_\_\_\_\_ Provider Signature: \_\_\_\_\_

*Note: If there are more than four (4) Providers to be added to the group account, please complete additional **Group User ID Request Form for Online Statements** and send all forms to Express Scripts Canada for processing.*

### OFFICE INFORMATION

Office Contact Person: \_\_\_\_\_ Office ID: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_