

**MDM Insurance Services Inc.**

P.O. Box 970

Guelph, ON N1H 6N1

Telephone: (519) 837-1531 / 1-800-838-1531

Fax: (519) 836-4909

**PROVIDER NUMBER REQUEST FORM**

**Banner Name of Pharmacy:** \_\_\_\_\_

**Contact Person (Name):** \_\_\_\_\_

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

**City, Province, Postal Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Facsimile Number:** \_\_\_\_\_

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

- New**
- Changeover** - If Changeover, please provide current MDM provider number: \_\_\_\_\_

**New Alberta Blue Cross #:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

**Software being used:** \_\_\_\_\_

Your pharmacy normal and customary script fee is \$ \_\_\_\_\_  
(MDM pays normal and customary script fees.)

**PLEASE SEND A "VOID" CHEQUE FOR THE  
ACCOUNT YOU WISH US TO MAKE DEPOSITS  
TO ALONG WITH THIS FORM.**