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Non-Insured Health Benefits (NIHB) Client Communication Preference/Direct Deposit Form

Fax: 1 855 622-0669 **Mail:** Express Scripts Canada, Attention: Provider Relations, 5770 Hurontario St., 10th Floor, Mississauga, ON L5R 3G5

SECTION A - CLIENT INFORMATION

Client Name: _____ **ID Number:** _____

Address: _____

City: _____ **Prov./Terr.** _____ **Postal Code:** _____

Phone: _____ **Fax:** _____

Email: _____

SECTION B - COMMUNICATION PREFERENCE

Language Preference: (select one): English French

Claims Statements (select one): NIHB Web Account Mail

If you select NIHB Web Account, you must create a web account at <https://nihb-ssna.express-scripts.ca> to access your Claims Statements through your account.

Predetermination/Prior Approval Confirmation Letters (select one): NIHB Web Account Fax Mail

If you select NIHB Web Account, you must create a web account at <https://nihb-ssna.express-scripts.ca> to access your PD/PA letters through your account.

General NIHB Program Information (select one): Email Fax Mail None

If you select None, this means you are opting out from receiving General NIHB Program Communication(s) from ESC e.g., NIHB Newsletters and Program Alerts. You will be required to check the NIHB Provider and Client Website periodically for NIHB Program updates.

SECTION C - BANKING INFORMATION

I instruct Express Scripts Canada to set up or change my DIRECT DEPOSIT PAYMENTS. This form authorizes deposits to the account and does not authorize withdrawals or any other transactions with respect to the account. All information will be treated as PRIVATE AND CONFIDENTIAL. I will advise Express Scripts Canada promptly of any changes to bank, branch or account number. Payment to someone other than the client (e.g. an organization, community, or parent of a child under 16 years) can only be made by cheque.

Complete bank information below and attach: VOID Cheque or Official Bank Letter

(Claim Statements can be accessed by logging into your web account at <https://nihb-ssna.express-scripts.ca>).

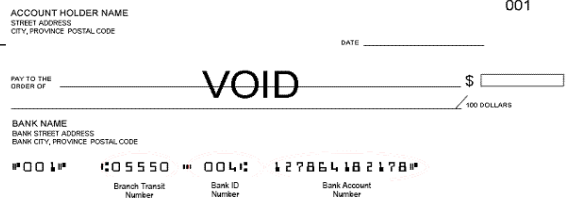
Account Holder Name: _____

Bank Name: _____

Bank Number: _ _ _ _

Branch/Transit Number: _ _ _ _ _

Account Number: _ _ _ _ _



SECTION D - AUTHORIZATION

I instruct Express Scripts Canada to make adjustments to my Client profile as indicated on this form. All information will be treated as private and confidential. I will advise Express Scripts Canada promptly of any further changes.

Client Signature: _____ **Date (YYYY-MM-DD):** _____

For Express Scripts Canada Use Only