

### Sample Modifications to Pharmacy/MS&E Information

FCH requires certain information about each participating Pharmacy/MS&E Provider to properly identify and pay the Pharmacy/MS&E Provider for claims adjudicated by FCH. Please complete this form and return it with the signed Pharmacy/MS&E Provider Agreement. CHEQUE PAYMENT will be mailed to the Operating Store address unless Section 2 or 3 of this form are completed.

SECTION 1 - PHARMACY/MS&E PROVIDER INFORMATION									
FCH's Pharmacy / MS&E Provider Number 0   0   0   0   0					Operating (Store) Name				
Street Address									
City			Province		Postal Code			Language Preferred <input type="checkbox"/> English <input type="checkbox"/> Français	
Area Code		Telephone Number		Area Code		Fax Number		Contact Name Title	
SECTION 2 - PHARMACY/MS&E PROVIDER MAILING ADDRESS									
<i>Complete this section only if cheque payment should <b>NOT</b> be mailed to the Operating Store address indicated in Section 1.</i>									
Operating (Store) Name Street Address									
City			Province		Postal Code			Language Preferred <input type="checkbox"/> English <input type="checkbox"/> Français	
Area Code		Telephone Number		Area Code		Fax Number		Contact Name Title	
SECTION 3 - ELECTRONIC FUNDS TRANSFER (EFT) PAYMENT INFORMATION									
Complete this section to identify the account to which FCH will direct EFT PAYMENTS and attach a sample/VOID cheque. (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).									
<input type="checkbox"/> NEW BANKING INFORMATION					<input type="checkbox"/> REPLACE BANKING INFORMATION				
Bank Name					Branch Name				
Branch Address			City		Province			Postal Code	
ACCOUNT NUMBER		Bank		Branch		Account Number			
SECTION 4 - PHARMACY/MS&E PROVIDER MANAGEMENT SYSTEM and POINT OF SALE (POS) CLAIMS SUBMISSION									
FCH offers a real-time adjudication system, which is compatible with Pharmacy Practice Management Systems, (PPMS) and specially equipped Point of Sale (POS) Devices. <b>In order to submit claims real-time (POS), you must contact your Pharmacy/MS&amp;E Provider software vendor.</b> Please provide the following information if you are currently using a PPMS or POS device:									
Vendor (Company) Name						Area Code		Telephone Number	
Contact Address			City		Province			Postal Code	