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 RAMQ #: _____

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.