TELUS Health

Pharmacy provider change request form

An updated form can be accessed online at: http://telushealth.com/pharmacychangerequest

For TELUS Health third-party insurer clients and the Public Services Health Care Plan (PSHCP)

Please notify TELUS Health in writing two (2) weeks in advance of any changes to pharmacy information. Failure to provide a completed form or the required supporting documents, such as a pre-printed void cheque or bank letter for a bank change, or copies of government-issued photo identification for a change in designated pharmacy manager or an additional authorized signing authority, will delay the processing of the change(s).

Any changes applied will also be made to your PSHCP provider number.
Fax or email the completed form to: 1-866-840-1466 or provider.registry@telus.com

Indicate what type of change(s) you are requesting (please check all that apply)

☐ Operating name ☐ Dispense fee ☐ Payment option ☐ Software ☐ Address ☐ Bank ☐ Signing authority ☐ Pharmacy closure

PART A – Provider information (All fields in this section are **MANDATORY**)

Legal registered name		**TELUS Health provider no.**
Operating name (include store no. if applicable)	**Store license/accreditation no.**	
Address	**Phone no.**	**Fax no.**
City, province & postal code	**Email** (primary)	
	Email (secondary)	

PART B – Operating name (if legal name is changed a new agreement is required)

New operating name	**Effective date**

PART C – Dispensing fee (usual and customary fee)

Current fee	**New fee**	**Effective date**

PART D – Payment option (next day, twice a month payment 1st and 16th of the month or payment 30 days after the transaction date)

Current payment option	**New payment option**	**Effective date**

PART E – Software

Current software	**New software**	**Effective date**

PART F – Address / phone / fax / e-mail

New site address	**New phone no.**	**New fax no.**	**Effective date**
City, province & postal code		**New e-mail**	

PART G – Bank (A void cheque or an official bank letter signed by an officer of the bank MUST be provided along with the form.)

Bank name	Bank no.	
Account no.	Transit no.	Effective date

PART H – Additional authorized signing authority

Signing authorities have the ability to request changes to all information pertaining to the pharmacy in this application. It is understood that all signing authorities are responsible for ensuring all information submitted to TELUS Health is timely and accurate.

Name	Title
Signature	Effective date

PART I – Pharmacy closure

Reason for closing	Effective date

PART J – Government-issued photo identification

For a change in designated pharmacy manager or the addition of an authorized signing authority, you are required to provide a copy of one of the following government-issued photo identification for the individual indicated on the request.

☐ Provincial driver's license

☐ Provincial photo identification card

☐ Canadian passport

Please read before signing below: I acknowledge that every transaction the pharmacy sends, whether the pharmacy receives payment for the transaction from TELUS Health or not, is a true account of an eligible prescription dispensed to an eligible patient, as evidenced through an on record and retained prescription and through visual verification of the patient's Assure Card™. I agree to any inquiries TELUS Health may make to my provincial licensing body as to my professional status with them. I agree to notify TELUS Health of any change to my pharmacy manager and/or legal name in the event of a change in ownership. Violation of any TELUS Health group policy may result in the cancellation of the provider number.

Designated pharmacy manager must sign the form

Name	License no.	☐ Check this box if you are a new manager
Signature	Date	

Please call 1-800-668-1608 should you require assistance