

MDM Insurance Services Inc.

P.O. Box 970

Guelph, ON N1H 6N1

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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 NLPDP #: _____

Effective Date: _____

Software being used: _____

Customary Dispensing Fee \$_____

Provincial Dispensing Fee for Seniors \$_____

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

