

Mail: PO Box 7000, Vancouver, BC V6B 4E1 | Drop it off: 4250 Canada Way, Burnaby, BC | Fax: PROVIDER RELATIONS Department at 604-419-2115 | [pac.bluecross.ca](http://pac.bluecross.ca)

**i PROVIDERS — Please complete all parts of this form to avoid delays in processing your request**

## PART 1 — PROVIDER INFORMATION

Dentist name		Dentist UIN (Unique Number)	
Street address	City	Province	Postal code
Dentist location number (Office Number)			

## PART 2 — CHEQUE REQUEST INSTRUCTIONS

- Send courier to pick up cheque at PBC (advance notice and 2 pieces of ID required)
- Pick up cheque at PBC (dentist/receptionist/other — advance notice and 2 pieces of ID required)
- Use PBC preferred method (Canada Post or MTS)
- Send by Canada Post (only for those within an MTS delivery zone)

Additional instructions <input type="checkbox"/> One-time request <input type="checkbox"/> Ongoing (If yes, please indicate date range)	Ongoing date range (mm-dd-yyyy) From: _____ To: _____
--	--

Additional comments

---



---



---



---

## PART 3 — PROVIDER CONSENT AND DECLARATION

I understand the information collected on this form will be used to determine eligibility for this request. I acknowledge and agree that the information may be exchanged between Pacific Blue Cross and supplier, health care professional, practitioner, institution or health benefits provider, government and regulatory authorities, or insurer when needed for this purpose.

Dentist signature <b>X</b>	Date (mm-dd-yyyy)
-------------------------------	-------------------

## PART 4 — CHEQUE PICKUP IDENTIFICATION

We require two pieces of identification upon cheque pickup.

BCDL number	Other	
Signature <b>X</b>	Name (print)	Date (mm-dd-yyyy)