ADSC | Alberta Dental Service Corporation

#200, 17010-103 Ave
Edmonton, Alberta, T5S 1K7
p 780.426.7526 **|** 1.800.232.1997
f 780.426.7581 **|** adsc.org

PROVIDER NOTICE OF CHANGE

INSTRUCTIONS: Please do not forget to sign and date this form.	**IMPORTANT:** This form will be returned to you if it is incomplete or unsigned.	**COMPLETED FORM:** Can be mailed, faxed or emailed to claims@adsc.org

Provider Information

Name _____ Provider ID # _____

Change of Contact Information

Current Information

Email _____ Phone # _____ Phone # _____

Address _____ City _____ Province _____ Postal Code _____

New Information

Email _____ Phone # _____ Phone # _____

Address _____ City _____ Province _____ Postal Code _____

☐ *Please use this email address for payment notifications.*

Change of Banking Information

If you work for multiple offices, please indicate which practice the banking change is for:

Practice Name _____

Address _____ City _____ Province _____ Postal Code _____

New Banking Information

Name of Bank

Branch Address | City | Province | Postal Code

Branch Number | Institution Number | Bank Account Number

Please attach a void cheque with this form

Disclaimers

PRIVACY NOTICE: The information requested in respect of this form is required by ADSC for benefits administration purposes. For these purposes ADSC will, where necessary, collect from and exchange information with others. For more information, consult ADSC's privacy policy or contact ADSC by phone or mail.

AUTHORIZATION: I authorize ADSC to credit the account identified (the "Account") for payments administered by ADSC in respect of treatment claims. Each payment shall be the same as if I had personally received a cheque from ADSC and deposited it to the Account. I will update the Account promptly if I move the Account from my Bank or branch to another, or if there is any other change in the Account. This authorization may be cancelled at any time upon written notice by me to ADSC. Any delivery of this authorization to ADSC constitutes delivery by me to my Bank. I am the person who is authorized to sign on the Account.

Signature of Provider | Date

The Alberta Dental Service Corporation (ADSC) provides services to the Government of Alberta in connection with the administration of various Government funded social benefit programs. ADSC makes this request in pursuant to sections 33(c) and 34(l)(k) for the Freedom of Information and Protection of Privacy Act.