Express Scripts Canada
5770 Hurontario Street, 10th Floor
Mississauga, ON L5R 3G5

May 16, 2011

Re: Possible Postal Strike and Impact on Reimbursement Cheques and Statements

As negotiations continue with the postal union, Canada Post Corporation advises that the earliest date for a postal strike would be Wednesday, May 25. If Canada Post will not accept mail shipments to its processing plants, healthcare provider reimbursement cheques and statements will be stored at our suppliers' secure production facilities until the strike is over. As there will be no access to this mail, while it's being held in storage, this means that you will not receive any paper-mail distributed cheque payments via Canada Post until the strike is over.

To avoid a delay in payment, take advantage of the Electronic Funds Transfer (EFT) payment option. EFT payment is an electronic delivery method that allows your bank to deposit your claim payments directly into your designated bank account on the day the payment is issued, and you still continue to receive mailed statements for reconciliation during normal postal conditions. EFT payment is a *fast*, *accurate*, *secure*, *confidential* and *efficient* means of payment delivery. The vast majority of healthcare providers has already signed up for the EFT payment option and therefore will not see their payment delayed as a result of a postal strike.

Don't wait and sign-up today! Simply complete and sign the box below and fax back this letter along with a VOID cheque or official bank letter to Express Scripts Canada, Confidential Fax No. 905-712-0669.

Set up for Electronic Funds Transfer (EFT)

Provider #:_____ **Provider Name:**_____ **Telephone #**_____

I instruct Express Scripts Canada to set up my direct EFT PAYMENTS. This form authorizes deposits to the account and does not authorize withdrawals or any other transactions with respect to the account. All information will be treated as PRIVATE AND CONFIDENTIAL. I will advise Express Scripts Canada promptly of any changes to bank, branch or account number.

Complete bank information below and ❑ **Attach a VOID cheque *or* official bank letter** (Photocopy of VOID cheque is acceptable when faxing)

Bank Information:

Bank Name: _____ Branch Name: _____

Branch Address: _____

City: _____ Province:_____ Postal Code: _____

Bank No.: | | | | Branch/ Transit No.: | | | | | | Account No.: | | | | | | | | | | | |

_____ _____ _____

Print Full Name/ Applicant **Provider Signature (NO STAMPS)** **Date**

During the strike, NIHB Program claims can be couriered by the provider to Express Scripts Canada, 3080 Yonge Street, Suite 3002, Toronto, ON M4N 3N1.

QUESTIONS?

Contact the **Provider Claims Processing Call Centre** at 1 800 563-3274

If you are a Provider enrolled/registered in the NIHB Program, contact 1 888 511-4666