



## PROVIDER REQUEST FOR DIRECT DEPOSIT OF CLAIM REIMBURSEMENT

Sirius Benefit Plans offers a convenient alternative to receiving cheques for reimbursement of assigned payments. You may sign up to have your reimbursements automatically deposited into your bank account. You will still receive a statement explaining the adjudication of your patient's claim.

Simply complete this form, attach a voided copy of a cheque and submit to Sirius Benefit Plans. We will update your account.

I hereby authorize Sirius Benefit Plans Inc. to deposit all assigned payments into the account as outlined on the attached voided cheque.

Business/Provider Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone# \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

If a Dental Office, provide provider unique ID# \_\_\_\_\_

The account you choose must have cheque privileges. You can cancel this authorization at any time by written request. To ensure your account information is accurately recorded you must attach a copy of a cheque that has been voided.