

Change of Address Notification

FAS BENEFIT ADMINISTRATORS LTD. INTERIM FEDERAL HEALTH PROGRAM

Provider – NEW Address		FAS Provider#:
Name: (Last)		(First)
Address: (Street)		
City:	Province:	Postal Code:
Telephone Number: ()	Fax Number: ()	
New Address Effective Date (Mo/Day/Year):		

Please check here if this doctor works out of more than one location.

Provider - OLD Address		Please provide your previous address to ensure the correct information will be changed on your file at FAS.
Name: (Last)		(First)
Address: (Street)		
City:	Province:	Postal Code:
Telephone Number: ()	Fax Number: ()	

Authorized Signature

Name of Authorized Signature *(Please Print)*

Date

TOLL FREE: 1-800-770-2998

MAIL TO: IFH PROGRAM PRIORITY PROCESSING,
FAS Benefit Administrators Ltd.
9707 - 110 Street, SUITE 901
Edmonton, AB T5K 2W8

October 2004