

When making a pay direct drug/dental claim
the pharmacy/dentist will need to know the following

Your Group Number is:

513981



Provider:

ClaimSecure

(Formerly RXPlus/Merx Health Corporation)

Certificate ID:

N _ _ _ _ _

Example: If your student ID is 123456789,
your Certificate ID is: N123456789

All Dental Inquiries, Call Toll Free 1-888-513-4464

If mailing your claim, please mail your prescription drug/dental claim
directly to: ClaimSecure at PO Box 6500, Station A, Sudbury, ON, P3A
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