

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



Your Group Number is **514560**

Provider: **ClaimSecure**

(formerly RxPlus/Merx Health Corporation)

Certificate ID: R00 _____

(10-DIGIT ALPHA NUMERIC NUMBER)

Example: If your student ID is 1234567,
your certificate ID is R001234567.

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 5N5