



CDHA Application for Unique Identification Number (UIN) Dental Hygiene Direct Billing

CDHA Membership Number: _____

First Name: _____

Last Name: _____

Home Address: _____

City: _____ Province: _____

Postal Code: _____ Personal email: _____

Phone #: _____ Fax #: _____

Signature: _____

****Please attach a photocopy of your
Provincial Regulatory Body active license/registration****

Independent Practice Network (IPN)

A Unique Identification Number (UIN) is included in your membership with the Independent Practice Network (IPN). This membership must be renewed yearly. [Click here](#) to learn more or to join the Independent Practice Network.

Complete both pages and return to:

Mail: CDHA, 1122 Wellington St W, Ottawa, ON K1Y 2Y7

Fax: 613-224-7283

Email: info@cdha.ca



CDHA Application for Unique Identifier Number for Dental Hygiene Direct Billing – Business Address Confirmation

(The information recorded below will be provided to insurance providers for verification purposes only.)

First Name: _____ Last Name: _____

Do you have a professional dental hygiene corporation? Yes No

If yes, name: _____

Business Address #1

Address: _____

City: _____ Province: _____ Postal Code: _____

E-mail: _____

Phone #: _____ Fax #: _____

Business Address #2 (if applicable)

Address: _____

City: _____ Province: _____ Postal Code: _____

E-mail: _____

Phone #: _____ Fax #: _____

Business Address #3 (if applicable)

Address: _____

City: _____ Province: _____ Postal Code: _____

E-mail: _____

Phone #: _____ Fax #: _____

For more business address, please attach another sheet.

If you would like to get assigned an Office number and process claims electronically, simply complete the *Electronic Billing Enrollment* form available [here](#).

March 21, 2016