EXPRESS SCRIPTS®

DENTAL HYGIENIST PROVIDER ENROLMENT FORM

Complete all sections. Sign and return the enrolment form by e-mail, fax or mail to Canadian Dental Hygienists Association **Fax No**.: 613-224-7283 or **Mail**: CDHA, Attention: Membership Services, 1122 Wellington St W, Ottawa, ON, K1Y 2Y7 **E-mail**: membership@cdha.ca

PROVIDER INFORMATION

Provider No. (Unique Identification No.) 202 _____ **Language:** ❑ English ❑ French

Surname: _____ **First Name:** _____

***License No.:** _____ **Office ID (CDHA-ACHDnet™):** __ __ __ H

Phone No.: _____ **Province:** _____

***Assigned by the appropriate Province/ Territory Licensing Body. By signing the Enrolment Form, Providers attest to their registration and good standing with their respective Dental Provider Province/ Territory Licensing Body.**

Electronically submitted claims (EDI) must accompany EFT payment (complete the section below):

PAYMENT INFORMATION - ELECTRONIC FUNDS TRANSFER (EFT)

I instruct Express Scripts Canada to set up direct EFT PAYMENTS. This form authorizes deposits to the account and does not authorize withdrawals or any other transactions with respect to the account. All information will be treated as *private and confidential*. **I will advise Express Scripts Canada promptly of any changes to bank, branch or account number.**

Office ID (CDHA-ACHDnet™): __ __ __ H (assigned by CDHA)❑ Attach a VOID Cheque/ Official Bank Letter

(Photocopy of VOID cheque is acceptable when faxing)

Bank Name: _____ Branch Name: _____

Branch Address: _____

City: _____ Province: _____ Postal Code: _____

Bank No.: | | | | Branch/ Transit No.: | | | | | | Account No.: | | | | | | | | | | | |

After you complete, sign and return this Dental Hygienist Provider Enrolment Form, Express Scripts Canada (formerly ESI Canada) will review the information contained herein and once approved, Express Scripts Canada will authorize the applicant (you) as a Provider (the "Provider") allowing you to submit claims directly to Express Scripts Canada for payment of eligible services provided to Members who are eligible for dental benefits under certain dental benefit plans.

Provider's submission of claims to Express Scripts Canada will be subject to the Terms and Conditions of this Dental Hygienist Provider Enrolment Form and the Denturist and Dental Hygienist Provider Manual (the "Manual"). A copy of the Manual will be provided to you upon enrolment. Please note the Manual is updated from time to time as necessary and at Express Scripts Canada's sole discretion.

As signatory to this form, you will be responsible for all services billed by Provider, and paid for by Express Scripts Canada, regardless of the corporate structure of the clinic from which you operate. A submission of a claim under your Unique Provider (Identification) Number indicates your understanding and acceptance of Express Scripts Canada's Terms and Conditions. Provider attests to his/her enrolment and good standing with the respective Dental Provider Province/ Territory Licensing Body.

As set forth in the Manual, Terms and Conditions include, but are not limited to:

- Provider licensure and eligibility requirements
- Member eligibility requirements
- Coordination with other health plans
- Documentation submission process and requirements
- Benefits and applicable limitations
- Requirements for Providers on the use of treatment codes and standard definitions
- Administrative Provider Audit Program which includes an On-site Audit Program
- Maintenance of relevant documentation and records
- Mandatory EFT enrolment for EDI submission claims

The terms of this enrolment shall commence on the date the Provider receives a Provider Confirmation from Express Scripts Canada and will terminate upon request. Express Scripts Canada may serve the Provider a written notification of termination of Provider's enrolment hereunder. Please refer to the Manual for further details.

_____

First Name and Surname (*please print*)

_____ _____

Provider's Original Signature (*no stamp*) Date