



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 #: _____

I certify that I meet the requirements to practise as an independent dental hygienist as set by the provincial regulatory body.

I have attached a photocopy of my licence/registration from my Provincial Regulatory Body.

Signature: _____ *digital signatures or stamps will not be accepted*

Dental hygienists may only submit claims under their own UIN. For services provided by an associate dental hygienist, claims must be submitted under the UIN of the associate.

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

Applications are processed once a week, on Tuesday mornings. Completed applications must be received by end of day Monday to be included in Tuesday's processing.



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: _____

Email: _____

Phone #: _____ Fax #: _____

Business Address #2 (if applicable)

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Phone #: _____ Fax #: _____

Business Address #3 (if applicable)

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Phone #: _____ Fax #: _____

For more business address, please attach another sheet.

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