



Dear Sir or Madam:

**Re: Provider Enrolment for Dental Hygienist Providers**

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The Canadian Dental Hygienists Association (CDHA) and Express Scripts Canada are pleased to support Dental Hygiene professionals across the country as they provide services to clients.

In order to complete enrolment, the CDHA and Express Scripts Canada require a **completed** *Express Scripts Canada Dental Hygienist Provider Enrolment Form* for **each** Dental Hygienist office or offices, if you wish to submit claims for more than one office.

Providers who choose to submit claims via Electronic Data Interchange (EDI) *must* also set up direct deposit via Electronic Funds Transfer (EFT). Please forward a VOID cheque or official bank letter along with the completed enrolment form (*Providers who choose not to set up EFT payments will be limited to manual claims submission only*).

- **Electronic Funds Transfer (EFT):**
  - A free and secure electronic payment service that directly deposits claim payments into a Provider's designated bank account on the day the payment is issued.
- **Electronic Data Interchange (EDI):**
  - A point of service claim submission service which submits claims through the Continovation Services Inc. (ITRANS) network electronically and directly from the Provider's office software in real time, acknowledging the result of the claim immediately. To purchase software compliant with CDHAnet™, Providers are to contact the association for a list of certified software vendors.

Once your enrolment form has been received along with your VOID cheque or official bank letter, your claims will be automatically deposited into your bank account on the 1<sup>st</sup> and 16<sup>th</sup> of each month, and statements will continue to be received by mail.

Your Unique Provider (Identification) Number and Office ID are required on all correspondence with Express Scripts Canada, including such items as claims submissions and Predetermination requests.

Return both pages of the signed *Express Scripts Canada Dental Hygienist Provider Enrolment Form* (original Provider signature is required - *no stamps*) to the CDHA by e-mail, fax or mail, along with your VOID cheque or official bank letter to:

**Fax No.:** 613-224-7283

**E-mail:** [membership@cdha.ca](mailto:membership@cdha.ca)

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

Should you have additional questions, please contact the Provider Claims Processing Call Centre at 1-800-563-3274, Monday to Friday 8 a.m. - 10 p.m. ET, Saturday 8 a.m. to 5 p.m. ET, excluding Sundays and Statutory Holidays.

Sincerely,

Provider Relations  
Express Scripts Canada

Membership Services  
Canadian Dental Hygienists Association

Attachment: Express Scripts Canada Dental Hygienist Provider Enrolment Form