

Important Tips for Completing UIN and CDHA-ACHDnet™ Forms

Instructions for UIN and CDHA-ACHDnet™ Forms:

See steps 1 to 6 under the tab “Set-up EDI Billing” in [Claim Form & Billing Set-Up](#).

- **For Paper Claims Submission:**

- You require a Unique Identification Number (UIN) for paper claim submission. All providers are assigned a UIN to identify you with insurance companies.
- Another dental hygienist **can not** use your UIN.

Note: Your UIN application must include proof of active registration/licence to practice with your provincial regulatory body. Acceptable proof includes a copy or screenshot of a registration/licence to practice or Registry that shows your legal name, registration number, active status, and current date.

- **ADDITIONALLY: For Electronic Claim Submission:**

- Along with your UIN, you will need recognized practice management **software** (certified [CCDWS](#) or [instream](#)) and apply for a new CDHAnet office number or be added to an existing CDHA-ACHDnet™ office number to submit claims electronically (see Image below).

CDHA-ACHDnet™ Electronic Billing Enrolment Form Instructions:

- **NEW BUSINESS:** Leave the CDHA-ACHDnet™ Office No. **blank** to be assigned a new CDHA-ACHDnet™ number.
- **EXISTING DENTAL HYGIENE CLINIC:** Employees/Independent Contractors (see [Employment Status](#)) of an existing dental hygiene office must note the office’s CDHA-ACHDnet™ number on the application form.

IMAGE: from CDHA-ACHDnet™ Electronic Billing Enrollment form

DENTAL HYGIENIST INFORMATION

*Name of Subscribing Dental Hygienist: _____

CDHA Member no. _____ UIN (8 digits): 2020

Provincial License Registration: *License No. _____ *Province/Territory: _____

CDHA-ACHDnet™ Office No.: _____ H (leave blank if unknown)

Will the Dental Hygienist soon be leaving another office location? YES ☐ NO ☐

*If YES, please indicate CDHA-ACHDnet™ office number: _____ H Effective Date: _____

Are you joining an existing office? Add the number here.
If not, leave blank.

CDHA-ACHDnet™ Office Address:

The address directs insurance companies where to send correspondence and, if you choose, may be used by insurance companies that offer services to advertise your location internally to plan members. Additionally, many insurance companies have provider portals for you to join for additional services.

- **New CDHA-ACHDnet™ Office Number:**

- Each permanent location needs a CDHA-ACHDnet™ Office Number.
- Do you operate a mobile practice? You can use your home or a PO Box for your business address on your CDHA-ACHDnet™ Office Number application.
- Are you operating a financially separate dental hygiene practice at the exact location of an existing CDHA-ACHDnet™ office? If yes, leave the CDHA-ACHDnet™ Office No. **blank** (see above), and we will assign you your own CDHA-ACHDnet Office Number. Please let us know that the address is also used at an existing office, but add your specific contact information (email and phone).

- **Existing CDHA-ACHDnet™ Office Number:** The address must be exact. **Note:** To modify an address, all office members must sign the [CDHAnet Account Update Form](#).