



**PLEASE FIND THE SITUATION THAT BEST DESCRIBES YOUR OFFICE AND MAKE SURE TO FOLLOW ALL THE INSTRUCTIONS.**

**I am already sending electronic claims over dial up on behalf of every dentist in my office.**

- Great! All you need to do is fill out the appropriate ITRANS Claim Service enrolment form.
- Make sure to fill out an enrolment for **every dentist** that you will be sending claims on behalf of.
- Once your enrolment form is processed we will send you instructions on what do to next. That's it!.

**This is a completely new office, we have never sent electronic claims from this location.**

- Subscribe to CDAnet by contacting the CDAnet helpdesk at 1-800-267-9701 and advise them that you would like to start sending electronic claims from your location.
- Be sure to register **every dentist** with CDAnet that you will be sending claims on behalf of.
- The CDAnet helpdesk will assign a four character unique number to your location and a nine character unique number for each dentist.
- Once you have obtained a unique number for your location and dentist(s) you can fill out the appropriate ITRANS Claim Service enrolment form for **every dentist** that you will be sending claims on behalf of.
- Once your enrolment form is processed we will send you instructions on what do to next. That's it!.

**A new dentist has joined my practice and I would like to send claims on their behalf; I am already using ITRANS for other dentists in my office.**

- Contact the CDAnet helpdesk at 1-800-267-9701 and advise them that you would like to start sending electronic claims on behalf of a new dentist.
- The CDAnet helpdesk will add this dentist as being authorized to send claims from your location and assign a nine character unique number to the dentist.
- Once you have added the dentist to your location with CDAnet and obtained their unique number you can fill out the appropriate ITRANS Claim Service enrolment form.
- Once your enrolment form is processed we will send you instructions on what do to next. That's it!.

**Other Important Information:**

- New provider and or office updates are not added to insurance carrier databases in real time. For more information on the update process and timeline please speak to the CDAnet Help Desk at 1-800-267-9701.
- If you are a member of the Association des chirurgiens dentistes du Québec (ACDQ) and believe your unique numbers are managed by the ACDQ please make sure to contact Réseau ACDQ at 1-800-361-3794 instead of CDAnet.
- Following the above steps will help ensure that your electronic claims are processed without issue.

**ITRANS Claim Service - Ontario Non CDA Member****PLEASE FILL OUT AND  
FAX TO: 613-736-8030****DENTIST INFORMATION \*MANDATORY\***

Dentist Name: \_\_\_\_\_

Provider ID (9 digit CDAnet™ unique ID#): \_\_\_\_\_

Critical ITRANS Notifications Email Address: \_\_\_\_\_

**OFFICE INFORMATION \*MANDATORY\***

Address: \_\_\_\_\_

STREET

CITY

PROVINCE

POSTAL CODE

Site ID (4 character CDAnet™ Office ID): \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax : \_\_\_\_\_

Send important ITRANS administrative notices to the following email: \_\_\_\_\_

Practice management software: \_\_\_\_\_

Authorized Contact(s): \_\_\_\_\_

↳ Person(s) that you authorize to have access to the password for your ITRANS Digital Certificate

**ALTERNATE PASSWORD INFORMATION DELIVERY DESTINATION**

Please mail my password information to the address listed below instead of the office address specified above.

Address: \_\_\_\_\_

STREET

CITY

PROVINCE

POSTAL CODE

Please fax my password information to the fax listed below instead of the office fax specified above.

Fax : \_\_\_\_\_

**PASSWORD INFORMATION FAX DELIVERY CONSENT**

I authorize Continovation Services Inc. (CSI) to send my password information to the office fax number specified above. Authorizing fax delivery releases CSI of any security liability. The named dentist acknowledges that this method of transport may not be secure and the personal information contained in this communication may ultimately be viewed by a third party or lost in transport. This authorizes CSI to send password information via fax upon request from an authorized contact from this day forward.

Dentist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*NO STAMPS PLEASE\***

Please note: Should the fax method of delivery not be authorized and an alternate password information delivery destination not specified, CSI will mail the password information to the office address.

**PAYMENT OF FEES**

ITRANS Claims Service access fee: \$30.00 x \_\_\_ months (until Dec. 31 2010) plus 13% HST = \$ \_\_\_\_\_

 VISA  MasterCard Name on card (please print): \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiry Date (month/year) \_\_\_ \_\_\_ / \_\_\_ \_\_\_

Cardholder Signature: \_\_\_\_\_

 Payment by cheque made out to "Continovation Services Inc."

and mailed to the following address: 800 Industrial Ave., Unit 11, Ottawa, ON K1G 4B8

**PERSONAL INFORMATION CONSENT**

In order to provide you with ITRANS™ transaction and messaging services and the issuance of an ITRANS digital trust certificate, it is necessary for Continovation Services Inc. (CSI) to collect, retain, use, disclose and share your personal information with the following parties: the Canadian Dental Association, your licensing and regulatory authority (college), adjudicators and payors of health benefit claims, practice management software vendors, laboratories and other services providers (collectively, Third Parties). I authorize CSI and these Third Parties to collect, retain, use, disclose and share my personal information, and any other information necessary to provide the services hereunder to you. CSI's privacy statement is available at [www.continovation.com](http://www.continovation.com).

Dentist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*MANDATORY - NO STAMPS PLEASE\*****\*MANDATORY\***

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