



REQUEST FOR DIRECT DEPOSIT OF PAYMENT FOR DENTAL SERVICES

The undersigned hereby requests that all amounts administered for claims submitted to NexgenRx Inc. for adjudication and payment according to benefit plans on behalf of various dental plan sponsors and their respective eligible plan members are deposited directly into the bank account noted on the attached void cheque by means of electronic funds transfer (one account per unique number / location). Cheques will no longer be issued after electronic fund transfers have been requested.

If there are **MULTIPLE PRACTITIONERS** at one address, please complete one form for each Practitioner.

#	Dental Practitioner	Unique Number							
1									

COMPLETE MAILING ADDRESS: Please list all locations below, where services are provided, that will receive direct deposit per the attached void cheque.

#	Address	City / Province	Postal Code	Phone #	Fax #
1					
2					
3					
4					
5					

Dental Office E-mail Address (Mandatory)

Authorized Signature	Date

To ensure accuracy please **ATTACH VOID CHEQUE HERE** or print your Bank Account Information below (we are not responsible for inaccurate or incorrect written bank account information provided).

Transit #				Institution #			Bank Account #			
Institution Name							Address of Institution			

NexgenRx Inc. is committed to providing you with great customer service and look forward to servicing you and your clients.

Send Fax to: NexgenRx Inc. - Provider Services at 647-722-3054 or 1-877-639-4369