



WHICH CDAnet FORM TO USE.
Dentist is joining office Do not use this form. Use the CDAnet Subscription Agreement form to add dentists to this office.
Dentist is leaving office Use this form to remove the dentist from this office. Use the CDAnet Subscription Agreement form to add the dentist to another location.
Practice is moving or closing Use this form to change practice address and contact information, if the entire practice is moving to a location where there has not been a dentist office. The CDAnet office number moves with the practice.
Practice is sold Use this form to remove current dentists from this office. Use CDAnet Subscription Agreement form to add incoming dentists to this office and outgoing dentists to another office. The CDAnet office number stays with the physical location.

Update Dental Office Information

1. Current Office Information (Current office information must be completed.)

CDAnet Office Number: _____ Office Name: _____
 Office Contact Name: _____
 Address 1: _____
 Address 2: _____
 City, Province, Postal Code: _____
 Telephone: (____) _____ Fax: (____) _____
 Office Email: _____ Practice Software: _____

2. New Office Information (Office is Moving, Closing or there is a Change to Office Information)

Office is: **Closing** (Will no longer be a dentist office at the current location.)
 Moving to a different location and all dentists in office are moving to different location. Indicate new office information below including the effective date.
 Updating office information. Indicate only the information that is changing below and the effective date. Complete Section 3 below to remove a dentist from the current location.

Office Name: _____
 Address 1: _____
 Address 2: _____
 City, Province, Postal Code: _____
 Telephone: (____) _____ Fax: (____) _____
 Office Email: _____ Practice Software: _____
 Effective Date: DD ____ MM ____ YY ____

3. Remove a Dentist from this CDAnet office (Dentists will not be able to send claims from this office.)

Dentist 1: Dentist Name: First _____ Last _____
 Dentist UIN: _____ Effective Date: DD ____ MM ____ YY ____

Dentist 2: Dentist Name: First _____ Last _____
 Dentist UIN: _____ Effective Date: DD ____ MM ____ YY ____

4. Sign the completed form and fax to CDAnet at 613-523-7070 (This section must be completed.)

Completed by _____ Authorized signature (no stamps) _____ DD ____ MM ____ YY ____
 Date

Changes are communicated to claims processors on Tuesdays and Thursdays.
 When changes have been made and communicated, a CDAnet Office Profile will be sent to the office as confirmation.