



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 and you will have access to your explanation of payments through our web.

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 (Mandatory)	Date

To ensure accuracy please **ATTACH VOID CHEQUE or BANK LETTER HERE:**

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