



**REQUEST FOR DIRECT DEPOSIT OF PAYMENT FOR DENTAL PRACTITIONERS ONLY**

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 **Dental Practitioners** 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.

Dental Practitioner	Unique Number (9 digits)	Location ID (4 digits)

**COMPLETE MAILING ADDRESS:** Please list all locations below, where services are provided, that will receive direct deposit per the attached void cheque. If you require a separate payment for each office, please prepare a separate request with an alternate void cheque associated with that address.

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

<b>E-mail Address * Mandatory Field * Note: Only ONE email address per Dental Location *</b>

<b>Signature</b>	<b>Date</b>

To ensure accuracy please **ATTACH VOID CHEQUE HERE**

**NOTE:** NexgenRx Inc. is committed to providing great customer service and look forward to servicing you and your clients. NexgenRx may deduct such monies from future claim payments or pursue other lawful remedies as we deem necessary.

**Send Email or Fax to NexgenRx Inc Provider Service at:**  
 Email: [providerservices@nexgenrx.com](mailto:providerservices@nexgenrx.com)  
 Fax: 647-722-3054 or 1-877-639-4369