



Re: DACnet™ Subscription Agreement

Thank you for your interest in DACnet™. Attached please find the DACnet™ subscription agreement you requested.

The subscription agreement details the terms and conditions regarding your application for, and the terms and conditions regarding your use of DACnet™. Subscription fees and the completed application must be forwarded to:

The Denturist Association of Canada
66 Dundas Street East, Unit D
Belleville, Ontario K8N 1C1

Email: dacnetedi@gmail.com
Fax: 613-902-2840

Should you have any questions regarding the subscription agreement or DACnet™ services, please contact the DACnet™ Help Desk at:

dacnet@cda-adc.ca
1-877-8DACnet
(1-877-832-2638)

Sincerely yours,

DACnet Administration
THE DENTURIST ASSOCIATION OF CANADA
Telephone: 613-968-9467 / 1-877-538-3123
Fax: 613-902-2840
Email: dacnetedi@gmail.com



DACnet™ SUBSCRIPTION AGREEMENT (v1.0)

Introduction

What is the DACnet™ Subscription Agreement?

The subscription agreement details the terms and conditions regarding your application for, and the terms and conditions regarding your use of DACnet™.

This subscription agreement is between you and The DAC. It balances your interests as an individual dentist with the interests of the profession as a whole - as represented by The DAC.

You must read this subscription agreement before applying for, or using DACnet™. This subscription agreement contains, among other things, limited warranties, disclaims all other warranties or conditions of merchantability, merchantable quality or fitness for a particular purpose, limits liability, and excludes all liability for incidental, consequential, and punitive damages. If you do not agree to the terms of this subscription agreement, do not apply for, or use DACnet™.

Subscription Fees (non-refundable)

1st year (start-up year) –

The DAC Member* - \$380.00 CDN plus 5% GST (13% HST in Ontario / 15% HST in New Brunswick, Newfoundland, Nova Scotia and PEI)

Non-Member - \$880.00 CDN plus 5% GST (13% HST in Ontario / 15% HST in New Brunswick, Newfoundland, Nova Scotia and PEI)

Subsequent years –

The DAC Member* - \$180.00 CDN plus 5% GST (13% HST in Ontario / 15% HST in New Brunswick, Newfoundland, Nova Scotia and PEI)

Non-Member - \$680.00 CDN plus 5% GST (13% HST in Ontario / 15% HST in New Brunswick, Newfoundland, Nova Scotia and PEI)

*A member in good standing of a provincial or territorial Denturist association which is a member of The Denturist Association of Canada.

Note: The first renewal year following a lapsed subscription will be considered Year One/Start Up year and appropriate start-up fees will apply.

Important note!

This subscription is for one dentist only. Every dentist in your office who plans to submit claims in his or her name on DACnet™ must complete a subscription agreement and submit the subscription fees.

How to Complete the DACnet™ Subscription Agreement

Complete the Subscriber Identification section legibly and in full; and

Mail, fax or email the entire Subscriber Identification Section, with payment, to:

DACnet™
66 Dundas Street East, Unit D
Belleville, Ontario K8N 1C1
Canada
Tel.: 613-968-9467 / 1-877-538-3123
Fax: 613-902-2840
Email: dacnetedi@gmail.com

When we receive your application, we will contact you to provide you with a DACnet™ identification number, a DACnet™ office number and start date.

DACnet™ Help Desk:
dacnet@cda-adc.ca
1-877-8DACnet (1-877-832-2638)

Welcome to DACnet™!

DACnet™ Subscription Agreement

1. Terms, Conditions and Definitions.

This Subscription Agreement details the terms and conditions regarding your use of DACnet™. In this Agreement:

“DAC” is The Denturist Association of Canada.

“DACnet” is the trade-mark owned by The DAC.

“DACnet™ Participant” means any person (other than you) or entity authorized by The DAC to participate in DACnet™ and includes certain persons or entities providing dental claims capture, transmission, messaging, electronic transaction, switching, acknowledgment, adjudication, predetermination and /or payment services through DACnet™ and certain persons and entities providing software to access or use DACnet™.

“Data Extract” means the data extracted from dental claims submitted through DACnet™, which data shall not identify the dentist, the claims processor, the plan sponsor, or the patient.

2. Processing your Application. If your application is approved, DACnet™ will issue you a DACnet™ identification number, a DACnet™ office number, written instructions on the use of DACnet™ and reasonable telephone support. Your access to, or use of, DACnet™ is considered your agreement to abide by and be bound by this Subscription Agreement.

3. Modifications to Agreement or Service(s). DACnet™ may at any time: (i) revise the terms and conditions of this Subscription Agreement; and/or (ii) change the services provided under this Subscription Agreement. Any such revision or change will be binding and effective thirty (30) days after: (i) posting of the revised Subscription Agreement or change to the service(s) on DAC’s websites; and/or (ii) notification to you by email or postal mail. You agree to periodically review the current version of the Subscription Agreement available on The DAC’s websites, to be aware of any such revisions or changes. If you do not agree with any revision to the Subscription Agreement or

change to the service(s), you may terminate this Agreement at any time by providing notice to DAC. By continuing to use DACnet™ thirty (30) days after posting or notification of any revision to the Subscription Agreement or change in service(s), you agree to abide by and be bound by any such revisions or changes.

4. Termination of Agreement and Notice.

Either you, or The DAC, may terminate this Subscription Agreement at any time by giving notice to the other party by postal mail, by email or by other electronic means. Any notice given by electronic means is deemed to have been given and received on the date of transmission. Any notice given by postal mail shall be deemed to have been given and received on the fifth day following its mailing, provided that during any period of postal mail disruption, notice shall be given by electronic means.

5. Your Obligations upon Termination.

Upon termination of this Subscription Agreement, you shall no longer access, or use, DACnet™.

6. Your Warranties.

You warrant to The DAC and DACnet™ Participants that: (i) you are, and will be at all times during the currency of this Agreement, duly registered or licensed to practice denturism in Canada; (ii) you will comply with the rules and procedures for accessing DACnet™; (iii) all the information you provided to DACnet™ in the Subscriber Identification section of this Subscription Agreement is accurate; (iv) you will promptly notify DACnet™ of any change in the information set forth in the Subscriber Identification section of this Subscription Agreement; (v) the electronic submission of a claim by you to a DACnet™ Participant constitutes a certification by you that the claim is an accurate statement of services performed and of the total fee payable, errors and omissions excepted; and (vi) you have read and understood this Subscription Agreement, agree to be bound by it, and agree that access to, or use of, DACnet™ is evidence of such agreement.

7. Patient Consents and Data Extract.

You agree to obtain each of your patient's consent to: (i) submit dental claims and/or predetermination through DACnet™ and (ii) to provide the Data Extract. You agree to keep original copies of patients' consents on file for a period of three (3) years and to provide copies thereof to The DAC, or to the appropriate DACnet™ Participant upon request. You release all right, title and interest in and to any Data Extract.

8. Acknowledgments and Disclaimers.

You acknowledge and agree: (i) that access to, and use of, DACnet™ is solely at your own risk; (ii) that all such services are provided on an "AS IS" and "AS AVAILABLE" basis; (iii) that the adjudication, processing, validation and/or payment of any dental claim submitted through DACnet™ are not the responsibility of The DAC; (iv) that the response to any request submitted by you through DACnet™ is not the responsibility of The DAC; and (v) that The DAC is not responsible for, and shall have no liability with respect to, any product and/or service obtained by you from a third party. The DAC and DACnet™ Participants disclaim any and all warranties of any kind, whether express or implied, including, but not limited to, the implied warranties of merchantability, fitness for a particular purpose and non-infringement. Neither The DAC, nor any DACnet™ Participant, makes any warranty that DACnet™ will be uninterrupted, timely, secure or error free; nor does The DAC, or any DACnet™ Participant, make any warranty as to the results that may be obtained from the use of DACnet™, or the accuracy or reliability of any information submitted or obtained through DACnet™.

You acknowledge and agree that the acknowledgments, disclaimers and exclusions contained in this paragraph 8 shall extend to the benefit of The DAC and all DACnet™ Participants, and shall survive termination of this Subscription Agreement.

9. Limitations of Liability. This paragraph 9 applies to liability under contract (including breach of warranty), tort (including negligence and/or strict liability), and any other legal or equitable form of claim. If you initiate any claim, action, suit, arbitration, or other proceeding relating to DACnet™ or this Subscription Agreement, and to the extent permitted by applicable law, The DAC's and DACnet™ Participants' aggregate total liability for damages sustained by you and any third party shall be limited, in the aggregate, to \$10.00 (Canadian). The liability limitations provided in this paragraph 9 shall be the same regardless of the number of transactions or claims. Independent of, severable from, and to be enforced independently of any other enforceable or unenforceable provision of this Subscription Agreement, neither The DAC, nor any DACnet™ Participant, will be liable to you or to any third party for incidental, consequential, special, punitive, or exemplary damages of any kind.

You acknowledge and agree that the exclusions and limitations of liability in this paragraph 9 shall extend to the benefit of The DAC and all DACnet™ Participants, and shall survive termination of this Subscription Agreement.

10. Indemnity. You agree to indemnify and hold The DAC and DACnet™ Participants harmless from and against any third-party claim resulting from, or arising out of: (i) the breach of your warranties, representations and obligations under this Subscription Agreement, or (ii) your use or misuse of DACnet™. This indemnification obligation shall survive the termination of this Subscription Agreement.

11. Privacy. You authorize The DAC to collect, retain, use and disclose your personal information for these purposes and to share such personal information with DACnet™ Participants. You also authorize DACnet™ Participants to disclose your personal information to The DAC.



SUBSCRIBER IDENTIFICATION

PLEASE COMPLETE THIS FORM LEGIBLY AND IN FULL

This information will allow The DAC to provide full DACnet™ services and to properly administer that service.

Please mail, fax, or email application

Name of Subscribing Denturist: _____

Contact Person: _____

Office/Clinic Name _____

Office Address: _____

City: _____ Province: _____ Postal Code: _____

Office Telephone No.: () _____ Facsimile No.: () _____

Office E-mail address: _____

Denturist's E-mail address: _____

If incorporated, please give name of incorporated company _____

Please provide your Unique I.D. number*: _____ *

Please indicate language of choice: English French

Is your software system currently sending DACnet™ claims for another Denturist or Denturists, or will you be sending DACnet™ claims for another Denturist or Denturists? YES NO

If **YES**, please provide the DACnet™ Office Number and/or names of participating Denturist(s).
DACnet™ Office Number: ____ ____ ____ ____ (4 digits) (To be provided by DACnet™ Help Desk with start-up application)

Alternatively, are you operating out of a Dentist office? YES NO

If **YES**, please provide the CDAnet™ Office Number: ____ ____ ____ ____ (4 digits)

Denturists Name(s): _____

What is the name of the software vendor providing your Denturist office system?

Will you be submitting claims from more than one location? YES NO

If **YES**, please fill out a new subscription agreement form for each office that you want to be added to.

I am a member of my Provincial Association YES NO

If **YES**, please indicate which Provincial Association of The DAC:

SUBSCRIPTION FEE

(Annual Subscription fees are payable for each Denturist to be registered.)

1st year (start-up year) –

The DAC Member* - \$380.00 CDN plus GST/HST
Non-Member - \$880.00 CDN plus GST/HST

Subsequent years –

The DAC Member* - \$180.00 CDN plus GST/HST
Non-Member - \$680.00 CDN plus GST/HST

Provincial GST/HST Table	
Alberta, British Columbia, Manitoba, North West Territories, Nunavut, Saskatchewan, Quebec & Yukon	5%
Ontario	13%
New Brunswick, Newfoundland, Nova Scotia and Prince Edward Island	15%

* A member in good standing of a provincial or territorial Denturist association which is a member of The Denturist Association of Canada.

*A fee of \$75.00 will be assessed for any NSF cheque payments.

*Renewals are due upon the last day of the month, if renewal is received after this date without contacting the DACnet™ office it will be considered a new subscription with the appropriate rates applied.

PAYMENT ENCLOSED

Registration Year	Principle Cost	GST/HST	Total	Payment Enclosed
The DAC Member*	\$380.00			
Non-Member	\$880.00			

Renewal Year	Principle Cost	GST/HST	Total	Payment Enclosed
The DAC Member*	\$180.00			
Non-Member	\$680.00			

- Enclosed is my cheque in Canadian funds, payable to The Denturist Association of Canada.
- Payment is by e-transfer (sent to dacdenturist@bellnet.ca. Please put subscribers name in note field)
- Payment is by credit card (complete information below)

_____ CVV _____ Expiry date ____/____

Name of Cardholder _____

Signature of Cardholder _____

I would like to be enrolled in the automatic renewal program for my DACnet™ Subscription and hereby authorize that my renewal payment will automatically be processed on my credit card annually in accordance with my renewal period. I understand and agree that this will continue until I contact the DACnet™ office directly to cancel the automatic payment.

Authorization Signature: _____

MAIL, FAX OR EMAIL APPLICATION, INCLUDING PAYMENT TO:

DACnet™
66 Dundas Street East, Unit D
Belleville, Ontario K8N 1C1
Telephone: 613-968-9467 / 1-877-538-3123
Fax: 613-902-2840
Email: dacnetedi@gmail.com



Express Scripts Canada
5770 Hurontario Street, 10th Floor
Mississauga, ON L5R 3G5



<Date>

«FIRST_NAME» «LAST_NAME»
«ADDRESS_1»
«ADDRESS_2»
«CITY» («PROV») «POSTAL_CODE»

Dear Sir or Madam:

Re: Provider Enrolment Form for Denturist Providers

The Denturist Association of Canada (DAC) and Express Scripts Canada (ESC) are pleased to support Denturist professionals across the country as they provide services to clients.

ESC processes dental claims for more than two million Canadians with a range of integrated dental benefit management services to a cross-section of insurance carriers, third-party benefits administrators, plan sponsors, and the public sector, such as Benecaid; Cowan Benefits Consulting; Desjardins Financial Security; Group Medical Services; Groupe Premier Médical; Syndicat des fonctionnaires municipaux de Montreal (SFMM); Humania Assurance Inc.; and U-L Mutual.

In order to complete enrolment, an *Express Scripts Canada Denturist Provider Enrolment Form* must be completed for *each* Denturist. Denturists who choose to submit claims electronically via Electronic Data Interchange (EDI) *must* also be set up direct deposit via EFT. **Denturists who choose not to set up Electronic Funds Transfer (EFT) payments will be limited to member/ patient manual claims submission only.**

- **Electronic Funds Transfer (EFT):**
 - A free and secure electronic payment service that directly deposits claim payments in your designated bank account on the day the payment is issued.
- **Electronic Data Interchange (EDI):**
 - A point of service claim submission service, which submits claims electronically and directly from your office software in real time, acknowledging the result of the claim immediately. To purchase software compliant with DACnet™ Denturists are to contact DACnet™ for a list of certified software vendors.

Please complete the attached enrollment form and return by fax or mail as indicated on the form. Once your enrolment form has been received along with your VOID cheque or official bank letter, ESC will set up your unique Provider Number (DACnet™ Number) and your claims payments will be automatically deposited into your designated bank account on the 1st and 16th of each month. A Dental Provider Remittance Statement will be received by mail. Please note your unique Provider Number is required on all correspondence with ESC, including such items as claims submissions and Predetermination (PD) requests.

Should you have additional questions, please contact the Provider Call Centre at 1-800-563-3274, Monday to Friday 8 a.m. to 10 p.m. ET, Saturday 8 a.m. to 5 p.m., excluding Sundays and Statutory Holidays.

Sincerely,

Provider Relations
Express Scripts Canada

Attach: Express Scripts Canada Denturist Provider Enrolment Form



Complete, sign and return ALL pages of the Enrolment Form by fax or mail to:

Fax No.: 905-712-0669 Mail: Express Scripts Canada, Provider Relations, 5770 Hurontario St., 10th Floor, Mississauga, ON L5R 3G5

PROVIDER INFORMATION	
Unique Provider No.:	Language: <input type="checkbox"/> English <input type="checkbox"/> French
Surname:	First Name:
License No.*: <small>(*Assigned by the appropriate Province/ Territory Licensing Body)</small>	Office ID (DACnet™):
Clinic Name:	Fax No.:
Address:	E-mail:
City/ Prov./ Postal Code:	

Electronic Data Interchange (EDI) submitted claims *must* accompany Electronic Funds Transfer (EFT) payment:

PAYMENT INFORMATION - ELECTRONIC FUNDS TRANSFER (EFT)	
I instruct Express Scripts Canada to set up direct EFT PAYMENTS. This form authorizes deposits to the account and does not authorize withdrawals or any other transactions with respect to the account. All information will be treated as <i>private and confidential</i> . I will advise Express Scripts Canada promptly of any changes to bank, branch or account number.	
Office ID (DACnet™): _____	Attach: <input type="checkbox"/> VOID Cheque <small>(Photocopy of VOID cheque is acceptable when faxing)</small> OR <input type="checkbox"/> Official Bank Letter
Bank Name: _____	Branch Name: _____
Branch Address: _____	
City: _____	Province: _____ Postal Code: _____
Bank No.:	Branch/ Transit No.: Account No.:

After you complete, sign and return this Denturist Provider Enrolment Form, Express Scripts Canada (formerly "ESI Canada") will review the information contained herein and once approved, Express Scripts Canada will assign a unique Provider Number authorizing applicant (you) as a Provider (the "Provider") allowing you to submit claims directly to Express Scripts Canada for payment of eligible services provided to Members who are eligible for dental benefits under certain dental benefit plans.

Provider's submission of claims to Express Scripts Canada will be subject to the Terms and Conditions of the Denturist Provider Enrolment Form and the Denturist and Dental Hygienist Provider Manual (the "Manual"). A copy of the Manual will be available upon enrolment. Please note the Manual is updated from time to time as necessary and at Express Scripts Canada's sole discretion.

As signatory to this form, you will be responsible for all services billed by Provider, and paid for by Express Scripts Canada, regardless of the corporate structure of the clinic from which you operate. A submission of a claim under your unique Provider Number indicates your understanding and acceptance of Express Scripts Canada's Terms and Conditions. In addition, Providers attest to their enrolment and good standing with their respective Dental Provider Province/ Territory Licensing Body.

Terms and Conditions include, but are not limited to:

- Provider licensure and eligibility requirements
- Member eligibility requirements
- Coordination with other health plans
- Documentation submission process and requirements
- Benefits and applicable limitations
- Requirements for Providers on the use of treatment codes and standard definitions
- Administrative Provider Audit Program which includes an On-site Audit Program
- Maintenance of relevant documentation and records
- Mandatory EFT enrolment for EDI submission claims

The terms of this enrolment shall commence on the date the Provider receives a unique Provider Number from Express Scripts Canada and will terminate upon request. Express Scripts Canada may serve the Provider a written notification of termination of Provider's enrolment hereunder. Please refer to the Manual for further details.

First Name and Surname (please print)

Provider's Original Signature (no stamps)

Date