

ITRANS Payment Service QC - Non CDA Members

**PLEASE FILL OUT AND
FAX TO: 613-736-8030**

DOCTOR INFORMATION

Dentist Name: _____
PLEASE PRINT

9 Digit personal unique ID: _____

Critical ITRANS Notifications Email Address: _____
*MANDATORY FOR ACTIVATION

For faster service please fax my password and relevant information to the number listed below.

Checking this box releases Continovation Services Inc. of any security liability and the named dentist acknowledges that this method of transport may not be secure and the personal information contained in this communication may ultimately be viewed by a third party or lost in transport.

PRACTICE INFORMATION

Address: _____
STREET CITY PROVINCE POSTAL CODE
TELEPHONE FAX

4-digit office unique ID (CDAnet™ Office Number): _____

Practice management software: _____

Account Contact(s) : _____
PLEASE PRINT

NOTE: Account Contacts can obtain your password information.

PAYMENT OF FEES:

ITRANS Digital Certificate annual access fee: ■ \$588.50 + \$29.44 GST = \$617.94

ITRANS Payment Service annual access fee: ■ \$125 + \$6.25 GST = \$131.25

Option A: VISA MasterCard Name on card: _____
PLEASE PRINT

Account Number: _____

Expiry Date ____ / ____
MONTH YEAR

Cardholder Signature: _____

Option B: Payment by cheque made out to "Continovation Services Inc."
and mailed to the following address: 800 Industrial Ave., Unit 11, Ottawa, ON K1G 4B8

PERSONAL INFORMATION CONSENT

In order to provide you with ITRANS™ transaction and messaging services and the issuance of an ITRANS digital trust certificate, it is necessary for Continovation Services Inc. (CSI) to collect, retain, use, disclose and share your personal information with the following parties: the Canadian Dental Association, your licensing and regulatory authority (college), your financial institution, Chase Paymentech, adjudicators and payors of health benefit claims, practice management software vendors, laboratories and other services providers (collectively, Third Parties). I authorize CSI and these Third Parties to collect, retain, use, disclose and share my personal information, and any other information necessary to provide the services hereunder to you. CSI's privacy statement is available at www.continovation.com

Dentist Signature: _____ Date: _____

Questions? Call the ITRANS Help Desk at 1 866 788 1212