

Canadian Dental Care Plan (CDCP) Claims Processing and Payment Agreement



CDCP policy number
333333

If you are a dentist, dental specialist, denturist, or independent dental hygienist who is licenced and in good standing with the provincial or territorial regulatory body in the jurisdiction in which you practice, you may choose to participate in the CDCP.

1 Oral health provider information

First name	Last name
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Oral health provider type (select all that apply):

- General practitioner
 Dental hygienist
 Denturist
 Pediatric dentist
 Oral medicine specialist
 Periodontist
 Endodontist
 Prosthodontist
 Oral radiologist
 Oral and maxillofacial surgeon
 Orthodontist
 Anaesthesiologist
 Oral pathologist

Unique identifier number (UIN) (e.g., CDAnet, CDHANet, DACnet, RéseauACDQ UIN number)	Provincial registration/license/certification number	Province

2 Clinic/Office information

For multiple clinics or offices please include all locations listed below. If the space provided is insufficient, please provide details on a separate signed and dated sheet.

The information in **Clinic/Office #1** will be used for your preferred communication method.

Clinic/Office # 1

Clinic/Office ID (e.g., CDAnet, CDHANet, DACnet, RéseauACDQ)		Clinic/Office name		
Clinic/Office address (street number and name)			Apartment or suite	P.O. Box
City		Province	Postal code	
Phone number		Email address		

Alternate mailing address – Complete if mailing address is different than service location indicated above:

Address (street number and name)	Apartment or suite	City	Province	Postal code
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Clinic/Office # 2

Clinic/Office ID (e.g., CDAnet, CDHANet, DACnet, RéseauACDQ)		Clinic/Office name		
Clinic/Office address (street number and name)			Apartment or suite	P.O. Box
City		Province	Postal code	
Phone number		Email address		

Alternate mailing address – Complete if mailing address is different than service location indicated above:

Address (street number and name)	Apartment or suite	City	Province	Postal code
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2 Clinic/Office information (continued)

Clinic/Office # 3

Clinic/Office ID (e.g., CDAnet, CDHANet, DACnet, RéseauACDQ)		Clinic/Office name	
Clinic/Office address (street number and name)		Apartment or suite	P.O. Box
City	Province	Postal code	
Phone number	Email address		

Alternate mailing address – Complete if mailing address is different than service location indicated above:

Address (street number and name)	Apartment or suite	City	Province	Postal code
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3 Communication preferences

Language Preference (select one): English French

CDCP Communication method preference (select one): Mail Email

4 CDCP Provider Search tool

We'll add you to the CDCP Provider Search tool. CDCP Clients can use the search to find oral health providers in their community. If you don't wish to be included, email provider.search@sunlife.com and let us know.

5 CDCP claims processing and payment terms

The Canadian Dental Care Plan (CDCP) Claims Processing and Payment Terms (Billing Agreement) sets out the terms and conditions that govern all claims submitted to the CDCP Benefits Administrator - Sun Life Assurance Company of Canada (Sun Life) for payment.

CDCP Parameters

By submitting claims to the CDCP for payment, the following parameters need to be met.

- At the time of treatment, you were licensed and in good standing with the provincial or territorial regulatory body in the jurisdiction in which you practice.
- You made reasonable efforts to validate the identity of the CDCP client through your existing patient intake process.
- You confirmed the CDCP client coverage under the [CDCP Dental Benefits Guide](#) either through Electronic Data Interchange (EDI), by contacting the CDCP call centre or by using the CDCP Coverage Look-up tool in Sun Life Direct.
- You discussed with the CDCP client which of your recommended services will and will not be covered by the CDCP and what, if any, amounts will be charged to the CDCP client before they agree to care.
- You submitted the claim for direct payment (by direct deposit or cheque from Sun Life) for services covered under the CDCP. The CDCP client cannot submit a claim for reimbursement from the CDCP.

You are encouraged to bill the fees set out in the [CDCP Dental Benefit Grids](#) to reduce financial barriers for CDCP clients. However, balance billing up to usual and customary fees will not be prohibited. Where you do not bill in accordance with the CDCP Dental Benefit Grids, CDCP clients will be responsible for the portion of your fees not covered by the CDCP as well as any co-payment, if applicable. CDCP will pay claims quickly (i.e., initially within 48 hours and will move to within 24 hours).

Privacy and Information Sharing Statement

- Information provided to the CDCP will only be used by Sun Life on behalf of Health Canada for CDCP purposes. This information is collected under the authority of the Government of Canada's [Department of Health Act](#) and will be handled in accordance with the [Privacy Act](#).
- All personal information collected from the CDCP client is confidential and will not be used or disclosed other than for the purposes of administering the CDCP without the CDCP client's consent, unless in accordance with the applicable privacy legislation.
- As part of the CDCP application process CDCP clients are asked for consent and informed that their personal information may be shared by an oral health provider when considered useful by Sun Life in the context of the program administration, conducting claims verifications and managing claims. This information may include but is not limited to details on the services provided, patient clinical data, payments and x-rays.
- Providers, as required by the laws and regulations in the jurisdiction in which they practice, should continue their processes to obtain patients' consent for the release of their information or records.

5 CDCP claims processing and payment terms (continued)

- As a Government of Canada publicly-funded plan, the CDCP is required to have processes and procedures in place to verify the expenditure of taxpayer funds. These procedures are in line with dental benefit industry standards and allow for accountability to Canadians. All claims submitted under the CDCP could be subject to verification.

Payment Terms

By submitting claims to the CDCP's Benefits Administrator, Sun Life, you agree:

- to submit claims, whether electronically or on paper, to Sun Life for payment that constitute an accurate account of the services you provided and that the charges submitted are in accordance with these CDCP Claims Processing and Payment Terms (Billing Agreement). Sun Life will only process claims submitted by EDI until November 2024. Starting in November, Sun Life will process both EDI and paper claims;
- to provide any information and documentation related to the claims you submit to the CDCP upon request to Sun Life, as part of the [CDCP Claims Verification Program](#);
- to not hold Sun Life and/or Health Canada liable to you or any third party for any claims, fees, costs, expenses, or any other actions or damages arising out of the provision of the services submitted for payment by the CDCP; and
- to ensure that your employees, agents, and subcontractors comply with the CDCP Claims Processing and Payment Terms (Billing Agreement) in respect of claims that are submitted on your behalf.

You or Health Canada can choose to end your participation (whether you have signed-up or are participating on a claim-by-claim basis) at any time. You can verify your eligibility to submit claims to the CDCP using the CDCP call centre or by submitting an EDI estimate.

The CDCP Claims Processing and Payment Terms (Billing Agreement) will not be unilaterally changed. It may be updated from time to time, with consultation with oral health providers and professional associations in advance. You will be informed of any changes in advance of any changes coming into effect.

First name of Oral Health Provider (please print)		Last name of Oral Health Provider (please print)	
Unique identifier number (UIN)	Provincial registration/license/certification number	Province	
Signature of Oral Health Provider X		Date signed (dd-mm-yyyy)	

Note: Signature must be hand-written. Omission to provide a completed and signed form will result in the return of this form. As signatory to this form, you will be responsible for all services billed by you as oral health provider, and paid for by Sun Life, regardless of the corporate structure of the clinic from which you operate. A submission of a claim under your Unique Identifier Number (UIN) indicates your understanding and acceptance of the Claims Processing and Payment Terms.

6 Mailing information

Sun Life
Canadian Dental Care Plan (CDCP)
PO Box 99865 Stn D
Montreal QC H3C 0E6

7 Claims verification program

The Claims Verification Program is intended to confirm that claims are submitted in accordance with the CDCP Claims Processing and Payment Terms (Billing Agreement). The Program is performed through risk-based methodologies and will be considered on a pre- and post- verification basis. It is not designed to be biased towards oral health providers who have more patients or submit more claims. The process will be reviewed regularly to verify that it is fair and objective. Additional information on the Program including the appeal process can be found at the [Sun Life CDCP Public Website](#).

The Claims Verification Program has the following objectives

1. Detect administrative claim submission errors.
2. Detect inaccurate claims and recover overpayments.
3. Confirm oral health providers have retained the appropriate supporting documentation as required by their provincial/territorial regulatory bodies and the CDCP.
4. Ensure claimed treatments or services were received by CDCP clients.
5. Validate oral health providers are in good standing with their regulatory bodies.
6. Confirm the ineligibility of an oral health provider to submit future claims to the CDCP, if found to have intentionally submitted false or incomplete information to receive benefits or payments.

Oral Health Provider Responsibilities

As part of providing care to CDCP clients, the oral health provider agrees to co-operate with Sun Life in claims verification activities. Additional documentation or CDCP client records may be asked for to support a claimed expense. Documentation requested will be relevant to the treatment being verified and will be in line with industry standards. The oral health provider is required to provide the requested documentation within twenty-one (21) calendar days from the time of the initial request. The following are **examples** of documentation that could be requested:

- CDCP client chart/records
- CDCP client radiographs / photographs
- Daily appointment records / Evidence of financial transactions
- Laboratory invoices / receipts
- Evidence of additional coverage (e.g., coordination of benefits)

An oral health provider is required to retain CDCP claims documentation for a minimum of two (2) years following the claim submission date. In the absence of supporting documentation from the oral health provider, a verification decision will be made.

Verification findings could lead to payment corrections, either through the CDCP Benefits Administrator providing the oral health provider with additional payment or seeking reimbursement of an overpayment. In the event of an overpayment, Sun Life will provide written notice of the verification decision. If payment is not received within 30 days of notice of the verification decision, an overpayment could be reimbursed through an offset against future eligible claims. Sun Life will not pursue reimbursement with the oral health provider if the overpayment is a result of a misrepresentation by a CDCP client.

Verifications findings will be shared with the oral health provider. The oral health provider will be able to request a reconsideration of a verification finding by Sun Life. If the provider does not agree with the reconsideration decision, they can appeal it to Health Canada.

Daily Claims Verification

Sun Life will review claims submitted by oral health providers on the next business day from the claim submission date. Sun Life may temporarily hold or delay payment pending the verification of the claim.

Client Confirmation

Sun Life will send a confirmation letter to a CDCP client to verify they received the submitted services. This verification will be performed on a post-payment basis and will not impact the payment schedule for providers.

If the CDCP client is unable to validate the services, Sun Life will contact the oral health provider to request supporting documentation as referred to above.

Desk Claims Verification

The Desk Claims Verification is a review and assessment of a defined sample of claims to ensure compliance with the CDCP Claims Processing and Payment Terms. Oral health providers are asked to supply all requested supporting documentation and the validation of the CDCP client's records, per the examples listed above. Sun Life will select a small sample of claims to be verified and only expand the sample if additional concerns arise.

Escalated Verification (On-site)

If all prior verifications conducted are insufficient to verify compliance with the CDCP Claim Processing and Payment Terms (Billing Agreement), Health Canada will first consult with the relevant provincial or territorial regulatory body on the appropriate next steps to be taken. For some provincial and territorial regulatory bodies, this could be in the form of a formal complaint to be investigated by the regulatory body. For others, an on-site verification could be considered, as one of a number of steps that could be followed.

On-site verifications will only be completed at the request of Health Canada, who will define the scope of the verifications. Verifications will be done with advance notice and solely to determine compliance with the CDCP Claims Processing and Payment Terms.