



1304 Vermillion Street • Hastings, MN 55033  
 Ph 800-482-3518 • Fax 651-389-9152

**NEW HAMPSHIRE MEDICAID  
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

<b>PAYER ID NUMBER</b>	<b>CKNH1</b>
<b>ELECTRONIC REGISTRATIONS</b>  Agreements Required	<b>Electronic Dental Services Provider Enrollment Forms</b> <ul style="list-style-type: none"> <li>Please complete all requested information. For group practices you must list the rendering provider names and individual Medicaid provider numbers.</li> </ul> <b>NH Title XIX EDI Registration</b> <ul style="list-style-type: none"> <li><b>Part 2:</b> List the Billing Provider ID Number(s) and Billing Provider name(s). Signature of the Billing Provider or the authorized representative, if group practice. At the bottom of the form check whichever is applicable; adding new provider or updating an existing provider's listing.</li> </ul>
<b>SEND REGISTRATION FORMS TO:</b>	<p align="center">Please mail completed ORIGINAL forms to:</p> <p align="center">Electronic Dental Services          1304 Vermillion Street          Hastings, MN 55033          Attn: Provider Enrollment</p>
<b>ENROLLMENT CONFIRMATION</b>	Enrollment confirmation is not required prior to submitting claims electronically. Please begin submitting claims at your convenience.
<b>CHANGING ELECTRONIC BILLING AGENTS</b>	If the Provider currently submits claims through another Billing Agent other than Electronic Dental Services each Provider must re-enroll following the procedures listed above.
<b>CONTACT PHONE NUMBERS</b>	New Hampshire Medicaid Customer Service: 603-225-4899 Electronic Dental Services: 800-482-3518



1304 Vermillion Street • Hastings, MN 55033  
Ph 800-482-3518 • Fax 651-389-9152

**PROVIDER ENROLLMENT FORM**

Print/Type the following:

Insurance Carrier: **New Hampshire Medicaid – payer ID CKNH1**

Provider/Organization Name: \_\_\_\_\_

Tax Identification or Social Security Number: \_\_\_\_\_  
*(Number that will be used to submit electronic claims)*

Software Vendor: \_\_\_\_\_

Group Number: \_\_\_\_\_  
*(if applicable)*

Group NPI: \_\_\_\_\_  
*(if applicable)*

Name	Number	Rendering	NPI
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Date: \_\_\_\_\_

## NH Title XIX EDI Registration

EDS INTERNAL USE			
DATE	APPROVED BY	TRADING PARTNER ID	WEB LOGON
		<b>810000002</b>	

**Part 1.a. NH Title XIX EDI Registration**

Trading Partner Name Claims Processing Service, Inc. dba Emdeon Dental

Street Address 220 Burnham Street

Address 2 \_\_\_\_\_

City South Windsor State CT Zip 06074

Customer Service                      888-255-7293                      dentalsupport@emdeon.com  
 Contact Name                              Contact Phone #                      Contact Email Address

**Part 1.b. PreCertification:** Please check one

**Method of certification that transactions meet X12N standards & agency/product name:**

	Using Provider Electronic Solutions Software	Distributed by EDS, an HP company
	Certified by Independent Agency (Provide name)	
	Translator Compliance Check (Name product)	
<b>X</b>	Utilizing a Certified Vendor/Clearinghouse (Provide name)	Claims Processing Service, Inc. dba Emdeon Dental
	Other (Describe)	

**Transactions:** Check all that apply

		837 Institutional Inpatient & Outpatient 997 Functional Acknowledgement Claim Accept/Reject Report
	<b>X</b>	837 Professional 997 Functional Acknowledgement Claim Accept/Reject Report
		837 Dental 997 Functional Acknowledgement Claim Accept/Reject Report
		835 Remittance 277 Unsolicited Claim Status
		270/271 Eligibility Request/Response
		276/277 Claim Status Inquiry
		270/271 Eligibility Request/Response

837 Dental is the equivalent of 2006 ADA Dental claim form  
 837 Professional is the equivalent of CMS 1500 claim form  
 837 Institutional is the equivalent of UB-04 claim form  
 837 Institutional Nursing Home includes Swing Beds

<b>TRADING PARTNER ID</b>	810000002
---------------------------	-----------

**Part 2. NH Title XIX EDI Registration –Provider Listing**

Check each transaction that is authorized by the Provider for this Trading Partner. Only include the “Billing Provider” information. If provider is only a “Rendering Provider”, they do not need to be linked to the Trading Partner.

Remittance files (835) and Pended Claim Reports (277 Unsolicited) will be available only to one (1) Trading Partner that a Provider has authorized. If the provider is already receiving 835’s through another Trading Partner ID, the provider also needs to send a request on Provider Letterhead to move 835/277 to the new Trading Partner ID.

NH Medicaid Provider ID	Provider Name	837 Dental 997/Claim Acc/Rej	837 Institutional 997/Claim Acc/Rej	837 Professional 997/Claim Acc/Rej	835 RA/277	270/ 271 Eligibility	276/ 277 Claim Stat	Authorized signature of NH Medicaid Provider, to indicate consent for the described access.
		X	N/A	N/A	N/A	N/A	N/A	
		X	N/A	N/A	N/A	N/A	N/A	
		X	N/A	N/A	N/A	N/A	N/A	
		X	N/A	N/A	N/A	N/A	N/A	
		X	N/A	N/A	N/A	N/A	N/A	
		X	N/A	N/A	N/A	N/A	N/A	
		X	N/A	N/A	N/A	N/A	N/A	
		X	N/A	N/A	N/A	N/A	N/A	
		X	N/A	N/A	N/A	N/A	N/A	
		X	N/A	N/A	N/A	N/A	N/A	
		X	N/A	N/A	N/A	N/A	N/A	
		X	N/A	N/A	N/A	N/A	N/A	
		X	N/A	N/A	N/A	N/A	N/A	
		X	N/A	N/A	N/A	N/A	N/A	
		X	N/A	N/A	N/A	N/A	N/A	

**Please check applicable comment:**

<input type="checkbox"/>	Add new provider
<input type="checkbox"/>	Update existing provider’s transactions