



220 Burnham Street • South Windsor CT 06074
 Vox 888-255-7293 • Fax 860-289-0055

**OREGON MEDICAID
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

<p>PAYER ID NUMBER</p>	<p align="center">CKOR1</p>
<p>ELECTRONIC REGISTRATIONS</p> <p>Agreements Required</p>	<p>Emdeon Dental Provider Enrollment Form</p> <ul style="list-style-type: none"> • Please complete all requested information <p>Trading Partner Agreement Oregon Department of Human Services</p> <ul style="list-style-type: none"> • Pg 1: Enter Billing provider number and Billing provider name. • Pg 5: Enter Billing provider name, title, phone number, original authorized signature in BLUE ink, signer name and date. <p>Exhibit A Application for Authorization</p> <ul style="list-style-type: none"> • Pg 6: Enter Billing Trading Partner name, phone number, Billing provider number, Tax ID number, Billing NPI number, taxonomy code, date and original Trading Partner Signature in BLUE ink. <p>Exhibit B EDI Registration</p> <ul style="list-style-type: none"> • Pg 9: Complete all sections. Areas marked with an * are required, others are optional. • Pg 10: Complete section 8 signature must be original in BLUE ink.
<p>SPECIAL NOTES</p>	<ul style="list-style-type: none"> • Emdeon Dental signature is required on pg 8. EDI packets must be mailed to Emdeon Dental in their entirety to obtain this required signature. • All forms must contain original signatures in BLUE ink. • All fields marked with an * are required. • OMAP enrolled group practices need only submit one EDI Registration Packet listing the group as the Trading Partner.
<p>SEND ORIGINAL REGISTRATION FORMS TO:</p>	<p align="center">Emdeon Dental 220 Burnham Street South Windsor, CT 06074 Attn: Provider Enrollment</p>



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<p>ENROLLMENT CONFIRMATION</p>	<p>Enrollment will be coordinated between Oregon Medicaid and Emdeon Dental. Once confirmed Emdeon Dental will notify the provider's software vendor or office when they may begin sending claims electronically.</p>				
<p>CHANGING ELECTRONIC BILLING AGENTS</p>	<p>If the Provider currently submits claims through another Billing Agent other than Emdeon Dental each Provider must re-enroll following the procedures listed above.</p>				
<p>CONTACT PHONE NUMBERS</p>	<table> <tr> <td>Oregon Medicaid EDI Helpdesk</td> <td>888-690-9888</td> </tr> <tr> <td>Emdeon Dental Provider Enrollment</td> <td>888-255-7293</td> </tr> </table>	Oregon Medicaid EDI Helpdesk	888-690-9888	Emdeon Dental Provider Enrollment	888-255-7293
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PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **Oregon Medicaid – payer ID CKOR1**

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 Number: _____
(if applicable)

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

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Date: _____

Claims Processing Service dba Emdeon
888-255-7293

276147
061267267

Claims Processing Service dba Emdeon
Dawn L Vaughan, Vendor/Payer Liaison
220 Burnham Street, South Windsor, CT 06074
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Dawn Bezio
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Vendor/Payer Liaison
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Analyst
860-289-0055