



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

**PENNSYLVANIA MEDICAID  
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

|  |  |                       |              |                            |              |
|--|--|-----------------------|--------------|----------------------------|--------------|
| <b>PAYER ID NUMBER</b>                                     | <b>CKPA1</b>   |                       |              |                            |              |
| <b>ELECTRONIC REGISTRATIONS</b><br><br>Agreements Required | <b>Electronic Dental Services Provider Enrollment Form</b> <ul style="list-style-type: none"> <li>• Please complete all requested information.</li> </ul>  |                       |              |                            |              |
| <b>SEND REGISTRATION FORMS TO:</b>                         | <p>Please mail or fax completed forms to:</p> <p>Electronic Dental Services<br/>         1304 Vermillion Street<br/>         Hastings, MN 55033<br/>         Attn: Provider Enrollment</p> <p>651-389-9152</p> |                       |              |                            |              |
| <b>ENROLLMENT CONFIRMATION</b>                             | Upon receipt of the EDS' Dental Provider Enrollment Form, EDS will enter the provider's information into our systems and notify the provider or their software vendor when complete.                           |                       |              |                            |              |
| <b>CONTACT PHONE NUMBERS</b>                               | <table> <tr> <td>Pennsylvania Medicaid</td> <td align="right">717-772-6140</td> </tr> <tr> <td>Electronic Dental Services</td> <td align="right">800-482-3518</td> </tr> </table>                              | Pennsylvania Medicaid | 717-772-6140 | Electronic Dental Services | 800-482-3518 |
| Pennsylvania Medicaid                                      | 717-772-6140   |                       |              |                            |              |
| 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: **Pennsylvania Medicaid – payer ID CKPA1**

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

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

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

Group Number: \_\_\_\_\_  
*(if applicable)* *(Including the 4 digit location suffix)*

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

| Name  | Number | Rendering | NPI   |
|-------|--------|-----------|-------|
| _____ | _____  | _____     | _____ |

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

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

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

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

I authorize Emdeon Dental to attach the above information to my Pennsylvania Medicaid claims.



Provider Signature

date