

## How To Get Started

step  
1

**Confirm your office has internet access:**

To utilize EDS your office must have DSL or Cable internet access. Dial-Up Internet is not supported any longer by EDS.

step  
2

**Complete the EDS Enrollment Forms and fax them to the number at the bottom of the forms:**

When we receive your paperwork, we will either fax or e-mail a confirmation letter to your office.

step  
3

**Schedule your free installation and training:**

At the bottom of the letter is an area for you to complete and return to us. This information is needed to perform a successful installation. Furthermore, you have the ability to select a day and time for your installation and training that works best for you. The installation will not interfere with your daily work flow. It will be business as usual for your staff and patients.

step  
4

**Your office will receive a call from us at the time you specified so that we can perform the installation and training session:**

Our installation/training department will contact your office on the day and time you requested in step 2 above. We will perform the install and training, as well as test the system by submitting a few test transactions. This process will take between 30-90 minutes. The length of time is dependent on the needs of the person(s) in your office that are being trained and the number of computers that need to be installed.

step  
5

**Start saving with EDS:**

Use EDS daily with your practice management program to submit and manage your electronic transactions.

**It's that simple!**

Call Electronic Dental Services at:  
(800)482-3518 x800 to get started!



## Electronic Claims License Agreement

Please Complete All 8 Sections. Missing information within any one section will delay processing. Thank You.

**1. Practice Information:**

Practice Name: \_\_\_\_\_  
 Practice Contact Name/Title: \_\_\_\_\_  
 Practice Street Address: \_\_\_\_\_  
 Practice City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Practice Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Practice / Type 2 NPI #: \_\_\_\_\_ Tax #: \_\_\_\_\_  
 Practice Email: \_\_\_\_\_

**2. Providers Information:** (if you have more than three providers, place their info on a separate piece of paper)

**Specialty Code:** General Dentist: 301 Endodontist: 303 Oral Surgeon: 309 Orthodontist: 307 Pedodontist: 304 Periodontist: 305  
 Prosthodontist: 306

Provider's Name: \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
 State: \_\_\_\_\_ License Number: \_\_\_\_\_ Specialty Code: \_\_\_\_\_  
 Provider's Name: \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
 State: \_\_\_\_\_ License Number: \_\_\_\_\_ Specialty Code: \_\_\_\_\_  
 Provider's Name: \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
 State: \_\_\_\_\_ License Number: \_\_\_\_\_ Specialty Code: \_\_\_\_\_

**3. PMS System Information:** Software Package Name: \_\_\_\_\_ Version Number: \_\_\_\_\_

**4. Payer Information:** Approximate number of claims submitted to all carriers each month: \_\_\_\_\_

<b>5. Electronic Claim Submission Service:</b>	<b>Rate</b>	
Electronic Claim Submission Service: EDS agrees to give Customer 1 free month of claim service and Real Time Claim Status. The 1 <sup>st</sup> 30 days will be considered the FREE month.	\$0.25 per claim This service must be checked ----- <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Real Time Claim Status</b> This feature allows you to quickly and easily check the status of all claims submitted through EDS. You can know exactly where a claim is in the claim distribution cycle without even calling the Insurance Company. EDS gives you the convenient ability to check with multiple Insurance Companies from one source. This frees up time to allow your office staff to concentrate on other important patient related processes.	<b>FREE</b> with Claim Submission Services	<input checked="" type="checkbox"/>
<b>6. Add-on Services Below - Cost of one (1) or two (2) Add-on Service(s) Below*</b> All cancellations must be via written request faxed to 651-389-9152.		<b>\$19.95 per month *per location</b>
		<b>Check the box next to the Add-on Service(s) you would like to add to your Claim Submission Service (per location)-----↓</b>
<b>Real Time Eligibility Inquiry</b> This is an easy to use solution providing instant connectivity to leading commercial and government Insurance Companies. Your office can access multiple Insurance Companies from one source. This allows your office to receive detailed benefit information such as eligibility, plan benefit information, plan maximums, deductibles, utilization, and percentage paid by category. Most importantly, the eligibility information received is displayed in an understandable, easy-to-read format that can be printed and shared with your patient. This service enables you to automate time-consuming business functions while improving patient services.	Check Here If You Want this Add-on --- →	<input type="checkbox"/>
<b>Electronic Remittance Advice (ERA) Transactions</b> An ERA is an electronic version of the Explanation of Benefits (EOB), which provides details about the providers' claims payments, along with any denial reason. ERAs are provided by Insurance plans to Providers. This feature allows you to view and print these ERAs and receive them all directly from one source.	Check Here If You Want this Add-on --- →	<input type="checkbox"/>

## Electronic Claims License Agreement

### 7. Two Payment Options: (select one)

#### Credit Card Information

Credit Card Type:  Visa  Master Card  American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\*\*\*Offices will be called for their Number 3 or 4 digit security code.

Individual Name on Card: \_\_\_\_\_

#### ACH or Debit Card (circle one)

I (we) hereby authorize **ExtraDent (EDS)** (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name of Financial Institution: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Checking or Savings (circle one)

I authorize EDS to collect payment for services I have selected to use and I have read the above EDS HIPAA Statement.

**CUSTOMER (principal doctor's signature):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# Electronic Claims License Agreement

## 8. Check List for Additional Enrollment

The Insurance Carriers listed below require additional registration paperwork. Please select those that apply to your practice and we will forward the forms to you. **Please include all Provider/Location numbers issued by carrier.**

**If you do not have your Provider/Location numbers, please contact the carrier in question for your numbers.**

- Blue Cross of Alabama (CBAL1)
- Blue Cross of Idaho (CBID1)
- Blue Shield of ID (CBID2)
- Blue Cross of IA (CBIA2)
- Blue Cross of IA (FEP claims only) (CBIA1)
- Blue Cross of KS (CBKS1)
- Blue Cross of LA (23739)
- Blue Cross of MA (CBMA1)
- Blue Cross of NJ (Horizon) (22099)
- Blue Cross of ND (ND Dental Services (CX004)
- Blue Cross of PA (Highmark) (54771)
- Blue Cross of TN (CBTN1)
- Blue Shield of NY - Eastern (CBNYE)
- Blue Shield of NY - Western (CBNYW)
- Horizon (Blue Cross of NJ) (22099)

BC/BS Numbers and State

Provider Name: \_\_\_\_\_

BCBS # \_\_\_\_\_

Provider Name: \_\_\_\_\_

BCBS # \_\_\_\_\_

Provider Name: \_\_\_\_\_

BCBS # \_\_\_\_\_

Provider Name: \_\_\_\_\_

BCBS # \_\_\_\_\_

- Medicaid of AL (CKAL1)
- Medicaid of AK (CKAK1)
- Medicaid of AR (CKAR1)
- Medicaid of CA (Denti-Cal) (94146)
- Medicaid of CO (CKCO1)
- Medicaid of CT (CKCT1)
- Medicaid of Delaware (CKDE1)
- Medicaid of District of Columbia (DC) (MCDC1)
- Medicaid of FL (CKFL1)
- Medicaid of GA (CKGA1)
- Medicaid of IN (CKIN1)
- Indiana Children's Special Healthcare (CX070)
- Medicaid of IA (CKIA1)
- Medicaid of KS (CKKS1)
- Medicaid of KY (CKKY1)
- Medicaid of LA (EPSDT) (CKLA1)
- Medicaid of LA (Adult Dental) (CKLA2)
- Medicaid of ME (CKME1)
- Medicaid of MI (CKMI1)
- Medicaid of MN (CKMN1)
- Medicaid of MS (CKMS1)
- Medicaid of MO (CKMO1)
- Medicaid of MT (CKMT1)
- Medicaid of NH (CKNH1)
- Medicaid of NJ (CKNJ1)
- Medicaid of NM (CKNM1)
- Medicaid of NC (CKNC1)
- Medicaid of NV (CKNV1)
- Medicaid of Ohio (Administrated by Quadax) (CKOH1)
- Medicaid of OK (CKOK1)
- Medicaid of OR (CKOR1)

- Medicaid of PA (CKPA1)
- Medicaid of RI (CKRI1)
- Medicaid of SC (CKSC1)
- Medicaid of TX (CKTX1)
- Medicaid of UT (CKUT1)
- Medicaid of VT (CKVT1)
- Medicaid of WA (CKWA1)
- Medicaid of WV (CKWV1)
- Medicaid of WI (CKWI1)
- Medicaid of WY (CKWY1)
- Texas CHIP for Children (CPPTX)

(Please include all CHIP Location and Provider numbers)  
CHIP location ID# \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider CHIP# \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider CHIP# \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider CHIP# \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider CHIP# \_\_\_\_\_

- Pacific Union Dental Benefits (CX056)
- Physicians Plus Insurance Co. - WI State Employees (CX014)
- PrimeCare - WI State and Federal Employees and Medicaid (CX014)
- Three Rivers Health Plan (25175)
- United Concordia (UCCI) (89070)

Please include UCCI Provider numbers for each provider.  
ALL Providers must have a UCCI Provider number in order to send their claims electronically to UCCI.

Providers DO NOT have to be a Participating Provider to have a number.

Please call UCCI if you do not have your Provider number or need a Provider number at: 800-633-5430.

Provider name: \_\_\_\_\_

UCCI Provider Number: \_\_\_\_\_

Provider name: \_\_\_\_\_

UCCI Provider Number: \_\_\_\_\_

Provider name: \_\_\_\_\_

UCCI Provider Number: \_\_\_\_\_

Provider name: \_\_\_\_\_

UCCI Provider Number: \_\_\_\_\_

# Electronic Claims License Agreement

## Electronic Claims Subscription Agreement

Practice Name/Principal Doctor's Name \_\_\_\_\_

### Terms

Subject to the terms of this Agreement, EDS will electronically send, directly or through affiliated clearinghouses, claims submitted by the Provider through software and/or interactive websites provided by EDS ("Software") to designated insurance carriers ("Carriers"), subject to limitations set by said Carriers and subject to electronic connection availability to Carriers by EDS. All other claims will be printed to paper and mailed to the appropriate Carriers via first class mail or faster. It is understood that 3rd party recipients (e.g. insurance companies, claims clearinghouses, etc.) are not a party to this Agreement. Claim submission services and other services under this agreement ("Services") are provided pursuant to the rates provided in the attached schedule A.

EDS will provide Software to Provider and grants Provider a nonexclusive license to use Software for the sole purpose of receiving the Services provided under this Agreement. Except as otherwise provided by a separate end-user license and/or website terms of use, the terms of this Agreement apply to the use of the Software, including any revisions or new releases Licensor may provide in the future. EDS may provide updates to Software from time to time, subject to a nominal charge to cover duplication and shipping costs. EDS reserves the right to prevent a Provider from using Software or Services if Provider does not maintain current Software or Service Subscriptions.

Provider understands and agrees that Software is owned by and shall remain the property of EDS and its licensors. This agreement only provides a single use license to use the Software. This Agreement does not convey to Provider an interest in or to the Software, but only a limited right of use revocable in accordance with the terms of this Agreement. Provider may not assign, sublicense, transfer, pledge, lease, rent, or share rights under this Agreement. Provider may not reverse assemble, reverse compile or otherwise translate Software. Any copies of Software or any related user documentation shall include all applicable copyright and other proprietary notices. Except as authorized under this paragraph, no copies of the Software or any portions thereof may be made by Provider or any representative of the Provider.

Provider agrees that EDS shall be Provider's exclusive provider of Services while Software provided under this agreement is available for use by Provider or their representatives. Provider may terminate this Agreement and discontinue use of Software at any time and for any reason by providing written confirmation of termination of this Agreement and removal and destruction of the provided Software from Provider's computer systems. Provider shall remain liable for any outstanding balance on Provider's account and Provider understands that no monthly fees will be prorated for partial months of service.

EDS reserves the right to terminate Provider's use of Software or Services at any time, without refund or notice, in the event that the EDS believes, in its sole discretion, that Provider is not in compliance with the terms and conditions of the Agreement. In addition to applicable damages resulting from breach of any copyright in Software, subsequent use of Software installed under this agreement following this Agreement's termination shall entitle EDS to continued monthly fees and claims charges equal to the average of any three consecutive months of Service charges.

### Disclaimer and Limitation of Liability

PROVIDER UNDERSTANDS AND AGREES THAT TO THE MAXIMUM EXTENT PERMITTED BY APPLICABLE LAW, EDS PROVIDES EDS SOFTWARE AND THE SERVICE TO THE PROVIDER "AS IS" AND "AS AVAILABLE" AND HEREBY DISCLAIMS ALL WARRANTIES WHETHER EXPRESS OR IMPLIED AS TO THE FUNCTIONALITY, SECURITY (UNLESS WITHIN REASONABLE CONTROL OF EDS) AND INTEGRITY OF SOFTWARE AND SERVICES, INCLUDING WITHOUT LIMITATION ANY WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, OR AS TO ANY RESULTS TO BE OBTAINED FROM USE OF SERVICES OR SOFTWARE, OR THAT THE SERVICE WILL BE UNINTERRUPTED, DELAYED OR ERROR-FREE.

Provider understands and agrees that any use of computers is subject to a likelihood of human and machine errors, omissions, delays and losses, including loss or corruption of data or media. While EDS uses reasonable care to protect the integrity of any transmitted or stored data, events outside of the direct control of EDS (e.g., viruses, power fluctuations, or external software interactions) cannot be warranted, nor will EDS be liable for any damage or corruption of said data or software. Provider is advised to adopt such measures as they deem proper to limit the impact of those problems, including backing up data and verifying the accuracy of input data; examining and confirming results prior to use; and adopting procedures to identify and correct errors and omissions, replace lost or damaged media, and reconstruct data.

Provider understands and agrees that EDS is not responsible for the Carriers processing of any dental or medical claims. No promise or guarantee exists between EDS and the Provider as to the time elapsed for processing of any claims by any Carriers, nor that Carriers will process any claim in electronic or paper format. EDS makes no warranties or representations regarding the timeframes involved for processing and transferring of Provider Data.

Provider understands and agrees that EDS is not responsible for the rejection of or the cost of processing claims due to incorrect or incomplete claim information provided by the Provider. EDS or its personnel cannot change, add to or delete any claim data submitted to it by the Provider (except that it may remove any zero fee procedure code). Any errors must be corrected by the Provider and resubmitted.

## Electronic Claims License Agreement

Provider understands that EDS systems utilize databases containing information regarding patient eligibility and coverage. The accuracy therein of any such information is the responsibility of Carriers. EDS does not take responsibility for any inaccuracy as long. Provider is responsible for the information supplied to Carriers. EDS has no responsibility to Provider or the Provider's patients for any incorrect information supplied by the Provider. The information provided by the Provider will be subject to periodic post payment audits by Carriers. Carriers have the right to review and copy the Provider's records and related billing information. A copy of this Agreement is available to Carriers at their discretion; credit card information will not be disclosed.

UNDER NO CIRCUMSTANCES, INCLUDING NEGLIGENCE, SHALL THE EDS OR ITS AFFILIATES BE LIABLE FOR ANY DIRECT, INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES UNDER THIS AGREEMENT OR OTHERWISE, INCLUDING ANY DAMAGES THAT RESULT FROM THE USE OF OR INABILITY TO USE THE SERVICES OR SOFTWARE. EDS SHALL NOT BE RESPONSIBLE FOR ANY DAMAGES WHATSOEVER THAT RESULT FROM MISTAKES, OMISSIONS, INTERRUPTIONS, DELETION OF FILES, ERRORS, DEFECTS, DELAYS IN OPERATION OR TRANSMISSION, OR ANY FAILURE OF PERFORMANCE. To the extent not otherwise disclaimed in this Agreement, the maximum liability of EDS shall not exceed the average of any three consecutive months of service charges, even if EDS has been advised of the possibility of additional damages.

Provider agrees to indemnify, defend, and hold harmless EDS and its affiliates and their officers, directors, employees, agents, licensors and third party suppliers from and against all losses, expenses, damages and costs, including reasonable attorneys' fees and court costs, resulting from any violation of these terms and conditions or any activity by the Provider or any other person accessing the Software or Service (including, but not limited to, negligent or wrongful conduct).

### HIPPA

Current federal guidelines, as stated by the US Department of Health and Human Services, and outlined within the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") regulations, allow for the assignment and recognition of a "Business Associate" relationship, such as the one outlined in this agreement, between two organizations, whereas one of the organizations is able to perform certain functions and services for the other organization, as required by federal and state regulations, so as to facilitate compliance with said regulations. EDS uses technical safeguards to ensure the privacy and integrity of all information transmitted to or from its system. Such safeguards include password protection, data encryption, connection monitoring and input/output verification. All EDS staff receive training in the proper ways to use personally identifiable healthcare information and execute a confidentiality agreement to that end.

EDS agrees to perform said functions and services as stated herein for the Provider so as to enable the Provider to comply with regulations promulgated under HIPAA, specifically pertaining to data collection and transfer between the Provider and EDS as well as EDS and third-party entities, on behalf of the Provider, using specifically mandated data content and format. Should either state or federal regulatory bodies change existing guidelines during the term of this agreement so as to negate the relationship between the Provider and EDS, or cause said understanding of the relationship by both parties to become invalid, both parties shall work in good faith to re-address and re-define their relationship so as to become compliant in an expedient and timely manner.

It is understood that some Carriers may require EDS to provide a completed Power of Attorney from Providers wishing to obtain ERA's. Provider agrees to promptly provide any insurance carrier required Power of Attorneys upon request of EDS.

### Misc.

Unrelated to this Agreement, EDS may be entitled to receive a fee or fees from some 3rd party recipient(s) of the health insurance claims submitted by Provider. It is understood that Provider shall have no rights to or in any residual fees, data or information in any form or manner following the submission of information via Software. Other fees are payable only as separately stipulated by EDS and agreed to by Provider.

Provider agrees that the Provider will only use Software and Services for lawful purposes and any claims information or data submitted by the Provider to EDS or insurance carriers through EDS is legally within the Provider's control and Provider has any and all necessary permissions to submit said claims, data or information.

The Agreement is governed by the laws of the State of Minnesota. This Agreement represents the entire understanding between the parties with respect to the subject matter hereof, and supersedes all other agreements, oral and written, with respect thereto. This Agreement may be modified only in a writing signed by both parties.

**I understand and agree to the aforementioned terms and conditions:**

PRACTICE NAME \_\_\_\_\_

DATE: \_\_\_\_\_

Provider (principal doctor's signature): \_\_\_\_\_

## Electronic Remittance Advice Check List

Please indicate which insurance companies your office submits to. Some of the Insurance Carriers listed below require additional ERA Enrollment paperwork. Please select those that apply to your practice. **Please include all Provider/Location numbers issued by carrier. ERA Enrollment forms can be located at edsedi.com under the enrollment tab.**

**If you do not have your Provider/Location numbers, please contact the carrier in question for your numbers**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> 60054 – Aetna*</li> <li><input type="checkbox"/> CBAL1 -- Alabama Blue Cross*</li> <li><input type="checkbox"/> CKAL1 – Alabama Medicaid*</li> <li><input type="checkbox"/> 47570 – Alaska BCBS (Premera)*</li> <li><input type="checkbox"/> CKAK1 – Alaska Medicaid*</li> <li><input type="checkbox"/> CKAR1 – Arkansas Medicaid</li> <li><input type="checkbox"/> 86027 – Arizona Delta Dental</li> <li><input type="checkbox"/> ****EFT Enrollment is required for ERA Receipt</li> <li><input type="checkbox"/> 39065 – Assurant Health / Time Insurance Company</li> <br/> <li><input type="checkbox"/> 32006 – Better Health Plans of South Carolina</li> <br/> <li><input type="checkbox"/> 84147 – CHAMPVA – HAC</li> <li><input type="checkbox"/> 94146 – California Medicaid / Denti-Cal</li> <li><input type="checkbox"/> 34097 – Central Reserve Life</li> <li><input type="checkbox"/> 62038 – Cigna</li> <li><input type="checkbox"/> CKCO1 – Colorado Medicaid*</li> <li><input type="checkbox"/> CKCT1 – Connecticut Medicaid</li> <li><input type="checkbox"/> 52132 – Cooperative Benefit Administrators (CBA)</li> <li><input type="checkbox"/> 75136 – CoreSource Little Rock</li> <li><input type="checkbox"/> 35182 – CoreSource MD PA IL</li> <li><input type="checkbox"/> 35180 – CoreSource NC IN*</li> <li><input type="checkbox"/> 35183 – CoreSource OH</li> <li><input type="checkbox"/> 87043 – Coventry Health Care Network (First Health)</li> <br/> <li><input type="checkbox"/> CKDE1 – Delaware Medicaid*</li> <li><input type="checkbox"/> CKDC1 – District of Columbia Medicaid*</li> <br/> <li><input type="checkbox"/> 39026 – Fiserv Health – Wausau Benefits / Benesight</li> <li><input type="checkbox"/> CKFL1 – Florida Medicaid*</li> <br/> <li><input type="checkbox"/> CKGA1 – Georgia Medicaid*</li> <li><input type="checkbox"/> 44054 – (GEHA) Government Employees Hospital Association</li> <li><input type="checkbox"/> 80705 – Great West Healthcare</li> <br/> <li><input type="checkbox"/> 11271 – Healthplex, Inc.</li> <li><input type="checkbox"/> 22099 – Horizon Healthcare Dental Services<br/>****ONLY PARTICIPATING HORIZON BCBS PROVIDERS MAY APPLY</li> <br/> <li><input type="checkbox"/> CBID2 – Idaho Blue Shield – Availity*</li> <li><input type="checkbox"/> CKID1 -- Idaho Medicaid*</li> <li><input type="checkbox"/> CX070 – Indiana Children's Special Healthcare</li> <li><input type="checkbox"/> CDIN1 – Indiana Delta Dental</li> <li><input type="checkbox"/> CKIN1 – Indiana Medicaid*</li> <li><input type="checkbox"/> CBI A1 – Iowa Blue Cross (FEP Claims Only)*<br/>**** IN-STATE PROVIDERS ONLY</li> <li><input type="checkbox"/> CKIA1 – Iowa Medicaid*</li> <br/> <li><input type="checkbox"/> 41099 – John Alden Life Insurance Co.</li> <br/> <li><input type="checkbox"/> CBKS1 – Kansas Blue Cross*<br/>**** IN-STATE, CONTRACTED PROVIDERS ONLY</li> <li><input type="checkbox"/> CDKS1 – Kansas Delta Dental</li> <li><input type="checkbox"/> CKKS1 – Kansas Medicaid*</li> <li><input type="checkbox"/> CKKY1 – Kentucky Medicaid</li> <br/> <li><input type="checkbox"/> 23739 – Louisiana Blue Cross Blue Shield<br/>**** IN-STATE PROVIDERS ONLY<br/>****MUST HAVE 10 DIGIT ALPHA NUMERIC LOUISIANA BCBS PROVIDER ID#</li> <li><input type="checkbox"/> CKLA1 – CLKA2 – Louisiana Medicaid*</li> <li><input type="checkbox"/> 62413 – Mail Handlers Benefit Plan</li> <br/> <li><input type="checkbox"/> CBMA1 – Massachusetts Blue Cross</li> <li><input type="checkbox"/> CDMIO – Michigan Delta Dental</li> <li><input type="checkbox"/> CKMI1 – Michigan Medicaid*</li> <li><input type="checkbox"/> CKMN1 – Minnesota Medicaid*</li> <li><input type="checkbox"/> CBMS1 – Mississippi BCBS</li> <li><input type="checkbox"/> CKMS1 – Mississippi Medicaid*</li> <li><input type="checkbox"/> CKMO1 – Missouri Medicaid</li> <li><input type="checkbox"/> CKMT1 – Montana Medicaid*</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> CBNE1 – Nebraska Blue Cross<br/>****IN-STATE PROVIDERS ONLY</li> <li><input type="checkbox"/> CKNE1 – Nebraska Medicaid*</li> <li><input type="checkbox"/> CKNV1 – Nevada Medicaid*</li> <li><input type="checkbox"/> CKNH1 – New Hampshire Medicaid*</li> <li><input type="checkbox"/> CKNJ1 – New Jersey Medicaid*</li> <li><input type="checkbox"/> CKNY1, CKNY2 – New York Medicaid*</li> <li><input type="checkbox"/> 81264 – Nippon Life Insurance Company of America</li> <li><input type="checkbox"/> CKNC1 – North Carolina Medicaid*</li> <li><input type="checkbox"/> CX004 – North Dakota Blue Cross Blue Shield*<br/>****IN-STATE PROVIDERS ONLY</li> <br/> <li><input type="checkbox"/> CDOH1 – Ohio Delta Dental</li> <li><input type="checkbox"/> CKOH1 – Ohio Medicaid*</li> <li><input type="checkbox"/> 29076, CB833 – Ohio Medical Mutual</li> <li><input type="checkbox"/> CKOK1 – Oklahoma Medicaid*</li> <li><input type="checkbox"/> CB850 – Oregon Blue Cross – Availity*</li> <li><input type="checkbox"/> CKOR1 – Oregon Medicaid*</li> <br/> <li><input type="checkbox"/> 16111 – POMOCO</li> <li><input type="checkbox"/> 93029 – PacificSource Health Plans*<br/>****EFT Enrollment is required for ERA Receipt</li> <li><input type="checkbox"/> CKPA1 – Pennsylvania Medicaid*</li> <li><input type="checkbox"/> 61271 – Principal Financial Group</li> <br/> <li><input type="checkbox"/> 93200 – Regence Blue Shield – Availity*</li> <li><input type="checkbox"/> RHLA1 – Renaissance Life &amp; Health</li> <li><input type="checkbox"/> CB870 – Rhode Island BCBS*<br/>****MUST PROVIDE BCBS RHODE ISLAND PROVIDER ID AND GROUP NUMBER</li> <li><input type="checkbox"/> CKRI1 – Rhode Island Medicaid*</li> <br/> <li><input type="checkbox"/> 38520 – South Carolina BCBS*</li> <li><input type="checkbox"/> CKSC1 – South Carolina Medicaid</li> <br/> <li><input type="checkbox"/> CKTX1 – Texas Medicaid*</li> <li><input type="checkbox"/> 59226 – The MEGA Life &amp; Health Insurance Company Ins. Center</li> <br/> <li><input type="checkbox"/> 25175 – Unison Health Plan / Three Rivers<br/>****MUST PROVIDE THREE RIVERS/UNISON PROVIDER NUMBER</li> <li><input type="checkbox"/> CKUT1 – Utah Medicaid</li> <br/> <li><input type="checkbox"/> 12116 – VA Fee Basis Programs</li> <li><input type="checkbox"/> CKVT1 – Vermont Medicaid*</li> <br/> <li><input type="checkbox"/> 47570 – Washington BCBS (Premera)*<br/>****MUST PROVIDE BCBS WASHINGTON/PREMER A NUMBER</li> <li><input type="checkbox"/> CKWA1 – Washington Medicaid*</li> <li><input type="checkbox"/> 87815 – Wells Fargo Third Party Administrators, Inc.</li> <li><input type="checkbox"/> CKWV1 – West Virginia Medicaid*</li> <li><input type="checkbox"/> 39069 – Wisconsin Delta Dental*<br/>****EFT Enrollment is required for ERA Receipt</li> <li><input type="checkbox"/> CKWI1 – Wisconsin Medicaid*</li> <li><input type="checkbox"/> CKWY1 – Wyoming Medicaid*</li> <br/> <li><input type="checkbox"/> United Concordia (UCCI) (89070)</li> </ul> |
|---|---|

Please include UCCI Provider numbers for each provider. ALL Providers must have a UCCI Provider number in order to Receive ERA's from UCCI. Providers DO NOT have to be a Participating Provider to have a number. Please call UCCI if you do not have your Provider number or need a Provider number at: 800-633-5430.

**Medicaid and State Funded program participants: Provider ID and Group numbers must be provided at the time of enrollment for ERA's.**

**\*All insurance company's marked with a \* require further enrollment forms. Please visit <http://edsedi.com/index-4.aspx#ERA> for these required forms. Please fax completed forms to: 651-389-9152**