

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

## DENTI-CAL / MEDICAID OF CALIFORNIA DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION

PAYER ID NUMBER	94146	
SPECIAL NOTES	The enrollment process for Denti-Cal is completed between the payer and the provider without any intervention or assistance from EDS. Please call 916-853-7373 to complete the enrollment process.	
CHANGING ELECTRONIC BILLING AGENTS	If the Provider currently submits claims through another Billing Agent other that Electronic Dental Services each Provider must re-enroll following the procedure listed above.	
CONTACT PHONE NUMBERS	Denti-Cal 916-853-737 Electronic Dental Services 800-482-351	_