



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

**NY BCBS - WESTERN
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	CBNYW
ELECTRONIC REGISTRATIONS Agreements Required	Electronic Dental Services Provider Enrollment Form <ul style="list-style-type: none"> Please complete all requested information.
SEND REGISTRATION FORMS TO	Electronic Dental Services 400 Vermillion Street Hastings, MN 55033 Attn: Provider Enrollment Or Fax to: 651-389-9152
ENROLLMENT CONFIRMATION	Electronic Dental Services will notify the Provider or their software vendor once the set up is complete in our system.
CHANGING ELECTRONIC BILLING AGENTS	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.
CONTACT PHONE NUMBERS	NY BCBS – Western Electronic Dental Services 800-472-6481 opt. 1, opt. 1 800-482-3518



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PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **NY BCBS – WESTERN payer ID - CBNYW**

Provider/Organization Name: _____

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

Software Vendor: _____

Group NPI: _____
(if applicable)

Name	Rendering NPI
_____	_____
_____	_____
_____	_____
_____	_____

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Date: _____