



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

**PENNSYLVANIA MEDICAID
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	CKPA1				
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:	Please mail or fax completed forms to: Electronic Dental Services 400 Vermillion Street Hastings, MN 55033 Attn: Provider Enrollment 651-389-9152				
ENROLLMENT CONFIRMATION	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.				
CONTACT PHONE NUMBERS	<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
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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