



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

**WASHINGTON STATE MEDICAID (DSHS)
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	CKWA1				
ELECTRONIC REGISTRATIONS Agreements Required	<ul style="list-style-type: none"> Effective April 23, 2010 all Provider Enrollment Applications and updates must be completed through the ProviderOne system. This online system will replace the current paper enrollment process. <p>Enrollment is completed online with the payer with no intervention or assistance from EDS. Please use the information provided below to register:</p>				
SPECIAL NOTES	<p>You can learn more about how to set up security and register in ProviderOne at the following DSHS website: http://www.hca.wa.gov/medicaid/providerone/pages/index.aspx</p> <p>Change Healthcare Dental is the clearinghouse for ProviderOne and routes the claims to CKWA1 for EDS. They have registered with DSHS in the new ProviderOne system and received their submitter number. You will need this number when you register in ProviderOne to ensure DSHS knows your plan for the submitting and receiving transactions on your behalf.</p> <p>You may access the user guide for Provider One at http://www.hca.wa.gov/medicaid/billing/Pages/bi.aspx</p> <p>ProvidrOne Name: <u>Emdeon Business Services Inc dba Change Healthcare Dental</u></p> <p>ProviderOne Submitter ID: <u>1054092</u></p>				
ENROLLMENT CONFIRMATION	EDS will process claims through electronically once enrollment has been completed. Until the office is registered, claims will be mailed.				
CHANGING ELECTRONIC BILLING AGENTS	If the Provider currently receives claims through another Billing Agent other than Electronic Dental Services each Provider must re-enroll following the procedures listed above.				
CONTACT PHONE NUMBERS	<table border="0"> <tr> <td>ProviderOne Helpdesk</td> <td align="right">800-562-3022 Opt 2 then 4</td> </tr> <tr> <td>Electronic Dental Services</td> <td align="right">800-482-3518</td> </tr> </table>	ProviderOne Helpdesk	800-562-3022 Opt 2 then 4	Electronic Dental Services	800-482-3518
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Print/Type the following:

Insurance Carrier: **Washington State Medicaid (DHS) - payer ID CKWA1**

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: _____

I have registered the above information within the ProviderOne system denoting Change Healthcare Dental, submitter ID 1054092, as my clearinghouse for batch claim transactions/reports.

Signature: _____ 

Date: _____