



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

**WEST VIRGINIA MEDICAID
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	CKWV1				
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	EDS 400 Vermillion Street Hastings, MN 55033 Attn: Provider Enrollment Or Fax to: 800-482-3518				
ENROLLMENT CONFIRMATION	EDS will notify the provider or their PMS vendor, as defined by the PMS vendor, when registration is complete.				
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	<table border="0"> <tr> <td>WV Medicaid Provider Enrollment</td> <td align="right">888-483-0793</td> </tr> <tr> <td>Electronic Dental Services</td> <td align="right">800-482-3518</td> </tr> </table>	WV Medicaid Provider Enrollment	888-483-0793	Electronic Dental Services	800-482-3518
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PROVIDER ENROLLMENT FORM

Insurance Carrier: **West Virginia Medicaid - payer IDs CKWV1**

Print/Type the following:

Provider/Organization Name: _____

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

Software Vendor: _____

Group Type 2 NPI: _____
(if applicable)

Rendering Provider Information

Name NPI – Type 1

_____	_____
_____	_____
_____	_____
_____	_____

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Date: _____