



400 Vermillion Street • Hastings, MN 55033

Ph 800-482-3518 • Fax 651-389-9152

[www.edsedi.com](http://www.edsedi.com)

**HEALTHPARTNERS MN  
DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

<b>PAYER ID NUMBER</b>	<b>CX009 &amp; CX010</b>
<b>ELECTRONIC REGISTRATIONS Agreements Required</b>	<b>EDS Provider Enrollment Form</b> <ul style="list-style-type: none"><li>• Please complete all requested information.</li></ul>
<b>SEND ENROLLMENT FORMS TO:</b>	Electronic Dental Services 400 Vermillion Street, Suite 8 Attn: Enrollment Hastings, MN 55033 E-mail: <a href="mailto:Enrollment@edsedi.com">Enrollment@edsedi.com</a> or Fax: 651-389-9152
<b>ENROLLMENT CONFIRMATION</b>	EDS will process claims through electronically once enrollment has been completed.
<b>CHANGING ELECTRONIC BILLING AGENTS</b>	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.
<b>CONTACT PHONE NUMBERS</b>	Electronic Dental Services <span style="float: right;">800-482-3518</span>



400 Vermillion Street • Hastings, MN 55033  
Ph 800-482-3518 • Fax 651-389-9152  
[www.edsedi.com](http://www.edsedi.com)

### PROVIDER ENROLLMENT FORM

Insurance Carrier: **HealthPartners MN - payer IDs CX009 & CX010**

Print/Type the following:

Provider/Organization Legal Name: \_\_\_\_\_

Tax Identification: \_\_\_\_\_  
*(Number that will be used to submit electronic claims)*

Software Vendor: EDS \_\_\_\_\_

Billing NPI: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City, State, Zip Code: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: enrollment@edsedi.com \_\_\_\_\_

Date: \_\_\_\_\_