



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

**LOUISIANA BLUE CROSS BLUE SHIELD
DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	23739
ELECTRONIC REGISTRATIONS Agreements Required	Electronic Dental Services Provider Enrollment Form <ul style="list-style-type: none">• Please complete all requested information.
SPECIAL NOTES	<ul style="list-style-type: none">▪ If a provider does not have a 10 byte (digit) alpha numeric Louisiana Blue Cross Blue Shield provider ID the provider must contact Louisiana Blue Cross Blue Shield to obtain one. <i>Only in state providers may apply for a provider number.</i>
SEND REGISTRATION FORMS TO:	Electronic Dental Services 400 Vermillion Street Hastings, MN 55033 Attn: Provider Enrollment Or fax to: 651-389-9152
ENROLLMENT CONFIRMATION	<ul style="list-style-type: none">▪ Once Electronic Dental Services has received the <i>Provider Enrollment Form</i>, Louisiana Blue Cross Blue Shield will be contacted with a request for enrollment.▪ Once approval is received from Louisiana Blue Cross Blue Shield, the Provider will be contacted that they may begin sending electronic claims.
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	Electronic Dental Services 800-482-3518 Louisiana Blue Cross Blue Shield 225-291-4334



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PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **Louisiana Blue Cross Blue Shield – payer ID 23739**

Provider/Organization Name: _____

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

Software Vendor: _____

Group Number: _____
(if applicable)

Group NPI Number: _____
(if applicable)

Rendering		
Name	Number	NPI
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Date: _____