



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

**BLUE CROSS AND BLUE SHIELD OF KANSAS CITY
DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	47171
ELECTRONIC REGISTRATIONS Agreements Required	Electronic Dental Services Provider Enrollment Form <ul style="list-style-type: none">• Please complete all requested information.
SPECIAL NOTES	Only those providers who practice within the state of Kansas and Missouri and are contracted with BCBS of Kansas City may enroll for electronic claims.
SEND REGISTRATION FORMS TO:	Please mail or fax completed forms to: EDS Attn: Provider Registration 400 Vermillion Street Hastings, MN 55033 Fax # 800-482-3518
ENROLLMENT CONFIRMATION	Once EDS has received the <i>Provider Enrollment Form</i> , ASK will be contacted with a request for enrollment. Once approval is received from ASK, the Provider or their software vendor 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 EDS. Each Provider must re-enroll following the procedures listed above.
CONTACT PHONE NUMBERS	BCBS of Kansas City 816-395-3616 Electronic Dental Services 800-482-3518



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PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **Blue Cross and Blue Shield of Kansas City – payer ID 47171**

Provider/Organization Name: _____

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

Software Vendor: _____

Group NPI Number: _____
(if applicable)

Rendering	
Name	NPI
_____	_____
_____	_____
_____	_____
_____	_____

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Date: _____