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

KANSAS BLUE SHIELD
DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION

PAYER ID NUMBER	**CBKS1**
SPECIAL NOTES	Only in state, contracted providers my register for electronic claim submission. Out of state providers must submit their dental claims on paper.
ELECTRONIC REGISTRATIONS Agreements Required	**Electronic Provider Enrollment Form** • Please complete all requested information.
SEND REGISTRATION FORMS TO	EDS 400 Vermillion Street Hastings, MN 55033 Attn: Provider Enrollment Or Email to: enrollment@edsedi.com Or Fax to: 651-389-9152
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	Provider Services In-State 800-432-3587 Provider Services Out-of-State 800-432-0216 Electronic Dental Services 800-482-3518

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PROVIDER ENROLLMENT FORM

Insurance Carrier: **Kansas Blue Shield - payer IDs CBKS1**

Print/Type the following:
Provider/Organization Name: _____

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

Software Vendor: _____

Billing / Group Type 2 NPI: _____
(REQUIRED if applicable)

Rendering Provider Information

Name	NPI – Type 1 (REQUIRED)
_____	_____
_____	_____
_____	_____
_____	_____

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Date: _____