



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

**NORTH DAKOTA BLUE CROSS BLUE SHIELD  
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

<b>PAYER ID NUMBER</b>	<b>CX004</b>
<b>ELECTRONIC REGISTRATIONS</b>  <b>Agreements Required</b>	<p>Per the email excerpt on the following page all enrollments for ND BCBS must be completed online at <a href="https://noridian.totalonboarding.com">https://noridian.totalonboarding.com</a> .</p> <p>Providers are responsible for following up with EDISS on the status of their enrollment and for notifying EDS when approved. Providers should complete the EDS Dental Provider Enrollment Form and submit to EDS when they are advised by EDISS that their enrollment request has been approved. You must use the below information for enrollment in EDISS</p> <p><b>Information needed for completion of the online enrollments</b></p> <ul style="list-style-type: none"> <li>• ND BCBS is known as DSC or Dental Sciences Corporation.</li> <li>• Emdeon is known as WebMD Dental.</li> <li>• Emdeon's ID is CH00062</li> <li>• Emdeon is referred to as a Network Service Vendor and a Clearinghouse.</li> <li>• Emdeon's address is: 220 Burnham Street South Windsor, CT 06074</li> <li>• Emdeon's contact is: Customer Support Phone: 888-255-7293 Fax: 860-289-0055</li> <li>• Emdeon's method of electronic access is Dial Up.</li> <li>• Emdeon's protocol is Zmodem.</li> </ul>
<b>SEND REGISTRATION FORMS TO</b>	<p align="center">Electronic Dental Services      Fax to: 651-389-9152</p>
<b>ENROLLMENT CONFIRMATION</b>	<p>Providers are responsible for following up with EDISS on the status of their enrollment and for notifying EDS when approved. Providers should complete the EDS Dental Provider Enrollment Form and submit to EDS when they are advised by EDISS that their enrollment request has been approved.</p>
<b>CHANGING ELECTRONIC BILLING AGENTS</b>	<p>If the Provider currently submits claims through another Billing Agent other than EDS, each Provider must re-enroll following the procedures listed above.</p>



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<b>CONTACT PHONE NUMBERS</b>	ND BCBS EDI Help Desk Electronic Dental Services	800-967-7902 800-482-3518
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*For All ND Trading Partners*

EDI Support Services (EDISS) is excited to introduce Total OnBoarding (TOB). TOB is an online registration and testing tool, which replaces the current paper registration and claim testing processes.

TOB allows providers to update basic facility information, add billing NPI, add lines of business, add or change vendor associations, and manage their electronic transactions online. This eliminates the need to submit paper forms for profile changes. TOB will also be used to assist in a smooth transition to the next version of HIPAA, 5010.

The use of TOB will be **required** for all providers. Begin your online enrollment today by completing the following steps:

1. Click on the following link: [Total Onboarding - Login](#).
2. When prompted, enter the Submitter ID and Tax Identification Number (TIN) for the provider.
3. Once TOB has verified the Submitter ID and TIN combination, the profile information for the facility may be accessed online.

**In the near future all EDISS related changes will need to be completed through TOB. No new registration forms will be accepted via fax or mail from North Dakota providers as of April 17, 2009.**

EDISS will open TOB access for additional provider groups based on the following schedule. Education will be provided as these dates approach, or if any changes are made to the schedule, for each group.

- 2/05/09 – Beta Testing began for ND
- 3/04/09 – TOB is Live for All of ND
- 3/09/09 – Beta Testing begins for Medicare Part A
- 3/16/09 – TOB is Live for All of WY
- 3/23/09 – TOB is Live for All of Medicare Part A
- 6/01/09 – TOB is Live for All of Medicare Part B

If you have additional questions, please see our TOB user guide at: [www.edissweb.com](http://www.edissweb.com) or you may contact the EDI Help Desk at 800-967-7902.



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**PROVIDER ENROLLMENT FORM**

Print/Type the following:

Insurance Carrier: **North Dakota BCBS - payer ID CX004**

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

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

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

Group Number: \_\_\_\_\_  
*(if applicable)*

Group NPI: \_\_\_\_\_  
*(if applicable)*

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

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

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

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

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

I have received confirmation from EDISS that my enrollment request has been approved .

Signed: \_\_\_\_\_



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