



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

ALABAMA MEDICAID DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION

PAYER ID NUMBER	CKAL1
ELECTRONIC REGISTRATIONS Agreements Required	<ul style="list-style-type: none">• Please complete all requested information
SEND ENROLLMENT FORMS TO:	Electronic Dental Services 400 Vermillion Street, Suite 8 Attn: Enrollment Hastings, MN 55033 E-mail: Enrollment@edsedi.com or Fax: 651-389-9152
ENROLLMENT CONFIRMATION	EDS will process claims through electronically once enrollment has been completed.
CHANGING ELECTRONIC BILLING AGENTS	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.
CONTACT PHONE NUMBERS	Medicaid In-State Providers 800-688-7989 Medicaid Out-of-State Providers 334-215-0111 Electronic Dental Services 800-482-3518



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PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **ALABAMA MEDICAID**

Provider/Organization Name: _____
(As registered with Alabama Medicaid)

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
(As registered with Alabama Medicaid)

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

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Date: _____