



1304 Vermillion Street • Hastings, MN 55033
 Ph 800-482-3518 • Fax 651-389-9152
www.edsed.com

**MINNESOTA MEDICAID
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

| PAYER ID NUMBER | CKMN1 | | | | |
|---|---|------------------------------|--------------|----------------------------|--------------|
| SPECIAL NOTES | <p>Please complete the attached form and fax to the number at the bottom of the form. Once faxed, please retain the form, write the date, time and fax number sent from. Please keep this form in a safe place until the approval has been received.</p> <p>Make sure to click the checkmark for Claim.</p> <p>**If the office has also signed up for ERAs, please make sure to check the "both" box at the time of first submission.</p> | | | | |
| ELECTRONIC REGISTRATIONS | <p>Electronic Dental Services Provider Enrollment Form</p> <ul style="list-style-type: none"> • Please complete all requested information. • Please complete 1 sheet for each servicing location | | | | |
| SEND ENROLLMENT FORMS TO: | <p align="center">Fax directly to Minnesota Medicaid: 651-431-7462</p> | | | | |
| ENROLLMENT CONFIRMATION | <p>Minnesota Medicaid mails an approval form to the office once the enrollment has been completed.</p> <p>Please contact EDS once the approval has been received by the office.</p> | | | | |
| CHANGING ELECTRONIC BILLING AGENTS | <p>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.</p> | | | | |
| CONTACT PHONE NUMBERS | <table border="0"> <tr> <td>MN Medicaid Customer Service</td> <td align="right">800-366-5411</td> </tr> <tr> <td>Electronic Dental Services</td> <td align="right">800-482-3518</td> </tr> </table> | MN Medicaid Customer Service | 800-366-5411 | Electronic Dental Services | 800-482-3518 |
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| Electronic Dental Services | 800-482-3518 | | | | |



Minnesota Health Care Programs (MHCP)

Provider Setup Form

For use by Clearinghouses, **Billing Organizations** and providers

Notify MHCP whenever providers/billing organizations are **added or removed** from your list. Copy as needed.

| | | | |
|---|------------------|--|-------------------|
| CLEARINGHOUSE/BILLING ORGANIZATION SUBMITTER ID A334726500 | | CLEARINGHOUSE/BILLING ORGANIZATION NAME G&C Claims Processing | |
| NAME OF PERSON COMPLETING THIS FORM Terri | | ADDRESS 1807 Market Blvd. | |
| PHONE NUMBER 651-480 -8090 | CITY Hastings | STATE MN | ZIP CODE 55033 |

MHCP Pay-To Provider

| | | |
|------------------------------|---------------------|---|
| PAY-TO PROVIDER NAME | NPI/UMPI | LINK TO CLEARINGHOUSE/BILLING ORGANIZATION SUBMITTER ID – EFFECTIVE DATE (MM/DD/YYYY) |
| PAY-TO PROVIDER CONTACT NAME | PHONE NUMBER - - | REMOVE LINK TO CLEARINGHOUSE/BILLING ORGANIZATION SUBMITTER ID – EFFECTIVE DATE (MM/DD/YYYY) |
| PAY-TO PROVIDER SIGNATURE | DATE (MM/DD/YYYY) | CHOOSE ONE <input type="checkbox"/> Claim <input type="checkbox"/> ERA <input type="checkbox"/> Both |

MHCP Pay-To Provider

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| PAY-TO PROVIDER NAME | NPI/UMPI | LINK TO CLEARINGHOUSE/BILLING ORGANIZATION SUBMITTER ID – EFFECTIVE DATE (MM/DD/YYYY) |
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| PAY-TO PROVIDER SIGNATURE | DATE (MM/DD/YYYY) | CHOOSE ONE <input type="checkbox"/> Claim <input type="checkbox"/> ERA <input type="checkbox"/> Both |

MHCP Pay-To Provider

| | | |
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| PAY-TO PROVIDER SIGNATURE | DATE (MM/DD/YYYY) | CHOOSE ONE <input type="checkbox"/> Claim <input type="checkbox"/> ERA <input type="checkbox"/> Both |

Fax this form to MHCP Provider Enrollment at 651-431-7462