



400 Vermillion Street • Hastings, MN 55033  
 Ph 800-482-3518 • Fax 651-389-9152  
[www.edsedi.com](http://www.edsedi.com)

## MEDICAID OF NORTH CAROLINA DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION

<b>PAYER ID NUMBER</b>	<b>CKNC1</b>				
<b>SPECIAL NOTES</b>	<p>Effective July 1, 2013 all Provider Enrollment Applications and updates must be completed through the NCTracks system. You can learn more about how to register in NCTracks at the following DHHS website: <a href="http://nctracks.com/">http://nctracks.com/</a></p> <p>To ensure DHHS knows you plan for us to submit and/or receive transactions on your behalf you must identify the following on the Authorized Billing Agent information listed below.</p> <p>On the screen titled "Authorized Billing Agent" please select <b>Emdeon Dental</b>.        The Billing Agent ID must show: <b>50301183</b>.        Billing Agent Name must show: <b>Emdeon Dental</b>.        Address of: <b>220 Burnham Street South Windsor, CT 06074</b>.</p> <p>It is important that providers verify and use the appropriate taxonomy code from their NCTracks provider record based on the service rendered and the rendering/attending provider location when submitting claims to the NCTracks system to facilitate timely adjudication. Also, verify that the billing provider taxonomy code on the claim matches one of the taxonomy codes listed on the NCTracks billing provider record and is appropriate for the claim being billed. The NCTracks system may now require both a billing and rendering provider Taxonomy value on claims not previously used. Providers can verify their taxonomy code using the Provider Taxonomy Lookup webpage or through <a href="http://ncmmis.ncdhhs.gov/taxonomy.asp">http://ncmmis.ncdhhs.gov/taxonomy.asp</a></p> <p>Providers who cannot submit the taxonomy codes within their claims as registered with the NCTracks system may request Emdeon host those codes on their behalf by submitting the form contained within this packet.</p>				
<b>SEND ENROLLMENT FORMS TO:</b>	Electronic Dental Services 400 Vermillion Street Attn: Enrollment Hastings, MN 55033 E-mail: <a href="mailto:Enrollment@edsedi.com">Enrollment@edsedi.com</a> or Fax: 651-389-9152				
<b>ENROLLMENT CONFIRMATION</b>	EDS will notify the provider or their PMS vendor, as defined by the PMS vendor, when registration is complete.				
<b>CHANGING ELECTRONIC BILLING AGENTS</b>	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.				
<b>CONTACT PHONE NUMBERS</b>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">NCTracks Call Center</td> <td style="border: none; text-align: right;">866-844-1113</td> </tr> <tr> <td style="border: none;">Electronic Dental Services</td> <td style="border: none; text-align: right;">800-482-3518</td> </tr> </table>	NCTracks Call Center	866-844-1113	Electronic Dental Services	800-482-3518
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Insurance Carrier: **North Carolina Medicaid - payer ID CKNC1**

Print/Type the following:

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

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

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

Group Type 2 NPI: \_\_\_\_\_  
*(if applicable)*

Taxonomy Code associated to Type 2 NPI: \_\_\_\_\_  
*(if applicable)*

Rendering Provider Information

Name	NPI – Type 1	Taxonomy Code
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

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

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

I authorize Emdeon to attach the above information to my North Carolina Medicaid claims and confirm it is the same as is registered within the NCTrack system.

\_\_\_\_\_  
Provider or Authorized Representative

\_\_\_\_\_  
Date