



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

**NEW YORK MEDICAID
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	<p align="center"> CKNY1 (to be used ONLY by Dental Offices whose category of service is 0200) CKNY2 (to be used ONLY by Dental Clinics) </p>
ELECTRONIC REGISTRATIONS Agreements Required	<p> Emdeon Provider Enrollment Form <ul style="list-style-type: none"> Please complete all requested information. Certification Statement for Provider Utilizing Electronic Billing <ul style="list-style-type: none"> Fill in all requested information at the top of the form. At the bottom of the form an original signature, date, name and title will be required when notarized. </p>
SEND REGISTRATION FORMS TO	<p align="center"> EDS 1304 Vermillion Street Hastings, MN 55033 Attn: Provider Enrollment </p>
ENROLLMENT CONFIRMATION	<p>EDS will notify the provider or their PMS vendor, as defined by the PMS vendor, when registration is complete.</p>
CHANGING ELECTRONIC BILLING AGENTS	<p>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.</p>
CONTACT PHONE NUMBERS	<p> Computer Sciences Corporation 800-343-9000 Electronic Dental Services 800-482-3518 </p>
SPECIAL NOTES	<p>Effective November 2007 NY Medicaid and their administrator Computer Sciences Corporation (CSC) elected to stop verifying provider demographics for EDS. Due to this change in process EDS is requiring all providers complete the Electronic Payer profile in full. Any request which is not complete in its entirety will be returned to the office.</p>

