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

CARESOURCE
DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION

PAYER ID NUMBER	**CKOH2**
ELECTRONIC REGISTRATIONS **Agreements Required**	***PLEASE NOTE ENROLLMENT IS NOT REQUIRED FOR CARESOURCE. IF A PROVIDER WISHES TO SUBMIT CLAIMS ELECTRONICALLY, THEY NEED TO ENSURE THEIR 12 DIGIT CARESOURCE PROVIDER ID IS SENT IN THE PROPER FIELD OF THEIR CLAIMS.** **Electronic Dental Services Provider Enrollment Form** • Please complete all requested information if you do not have the ability to send your Caresource provider ID within your claims.
SEND REGISTRATION FORMS TO	Electronic Dental Services 1304 Vermillion Street Hastings, MN 55033 Attn: Provider Enrollment Or Fax to: 651-389-9152
CONFIRMATION	Once the 12 digit Caresource provider number has been added to our system, Emdeon will notify the provider or their software vendor.
CONTACT PHONE NUMBERS	Caresource 800-488-0134 Electronic Dental Services 800-482-3518

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PROVIDER ENROLLMENT FORM

Print/Type the following:
Insurance Carrier: **CARESOURCE - PAYER ID# CKOH2**

Provider/Organization Name: ____

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

Software Vendor: ____

Group Number: ___________________________
(if applicable)

Rendering Name		Number
_____________________________	_	_____________________________
_____________________________	_	_____________________________
_____________________________	_	_____________________________
_____________________________	_	_____________________________

Address: ____

City, State, Zip Code: ____

Office Contact Name: ____

Telephone Number: ___________________ Fax Number: _________________

I authorize Emdeon Business Services to attach the above information to my Caresource claims.

____ ______________________________
Provider Signature date