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

RHODE ISLAND MEDICAID
DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION

PAYER ID NUMBER	**CKRI1**
ELECTRONIC REGISTRATIONS Agreements Required	**Electronic Dental Services Provider Enrollment Form** • Please complete all requested information.
SEND ENROLLMENT FORMS TO:	Electronic Dental Services 400 Vermillion Street Attn: Enrollment Hastings, MN 55033 E-mail: Enrollment@edsedi.com or Fax: 651-389-9152
ENROLLMENT CONFIRMATION	EDS will send the claims electronically once we have received confirmation from Rhode Island Medicaid that the Provider is authorized to send electronic claims.
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	Rhode Island Medicaid Provider Relations 401-784-8100 Electronic Dental Services 800-482-3518

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PROVIDER ENROLLMENT FORM

Print/Type the following:
Insurance Carrier: **Rhode Island Medicaid – payer ID CKRI1**

Provider/Organization Name: _____

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

Software Vendor: _____

Group Number: _____
(if applicable)

Group NPI: _____
(if applicable)

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

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Date: _____