



## Blue Cross Blue Shield of Mississippi

Attention Providers:

You have submitted your enrollment application to begin sending claims electronically to Blue Cross Blue Shield of Mississippi through EDS will notify you once the enrollment process is complete.

Payer:	Blue Cross Blue Shield of Mississippi
Payer ID:	CBMS1
For Enrollment Questions:	<a href="mailto:Enrollment@edsedi.com.com">Enrollment@edsedi.com.com</a> Fax (651)389-9152
Payer Enrollment Applications:	<b>Dental Electronic Claims Information Worksheet</b>
Special Instructions:	<b>Group Practices are required to register group/billing NPI numbers with BCBS of Mississippi.</b>
Processing Time:	Payer estimates 5-7 business days for processing . EDS will notify you of approval.



**DENTAL ELECTRONIC CLAIMS INFORMATION  
Worksheet**

<b>CLEARINGHOUSE NAME: EHG, Inc. Dentalxchange</b>	
<b>PROVIDER INFORMATION (PLEASE PRINT)</b>	
Provider Name	
Facility /Practice Name	
Address	
City, State, ZIP	
Contact Name	
Email Address	
Telephone	Fax

<b>IDENTIFICATION NUMBERS</b>	
TAX ID	Provider ID/NPI
Provider ID/NPI	Provider ID/NPI
Provider ID/NPI	Provider ID/NPI
Provider ID/NPI	Provider ID/NPI
Provider ID/NPI	Provider ID/NPI
Provider ID/NPI	Provider ID/NPI

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