

Medicaid of Michigan

Attention Providers:

In order to start sending your claims electronically to _____ through _____, you will need to follow the Instruction below.

Payer:	Medicaid of Michigan
Payer ID:	CKMI1
For Enrollment Questions:	<p>Contact the ! Enrollment Department at (800) 487-3839 or Enrollment @ .com</p> <p>" "# \$% &</p>
Online Registration:	<p># " \$ #% % &' & (!) %</p> <p>* ++</p>
Approval Process and Timeframe:	<p>& (\$ ## (\$ ## & % 5 / *</p> <p>## & (6 786 7+9 6 ()) \$</p> <p>\$ %</p>