



220 Burnham Street • South Windsor, CT 06074
 Vox 888-255-7293 • Fax 860-289-0055

**NORTH DAKOTA BLUE CROSS BUE SHIELD
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	CX004
ELECTRONIC REGISTRATIONS Agreements Required	<p>Per the email excerpt on the following page all enrollments for ND BCBS must be completed online at https://noridian.totalonboarding.com .</p> <p>Providers are responsible for following up with EDISS on the status of their enrollment and for notifying Emdeon when approved. Providers should complete the Emdeon Dental Provider Enrollment Form and submit to Emdeon when they are advised by EDISS that their enrollment request has been approved.</p> <p>Information needed for completion of the online enrollments</p> <ul style="list-style-type: none"> • ND BCBS is known as DSC or Dental Sciences Corporation. • Emdeon is known as WebMD Dental. • Emdeon's ID is CH00062 • Emdeon is referred to as a Network Service Vendor and a Clearinghouse. • Emdeon's address is: 220 Burnham Street South Windsor, CT 06074 • Emdeon's contact is: Customer Support Phone: 888-255-7293 Fax: 860-289-0055 • Emdeon's method of electronic access is Dial Up. • Emdeon's protocol is Zmodem.
SEND REGISTRATION FORMS TO	<p align="center">Emdeon Business Services Fax to: 860-289-0055</p>
ENROLLMENT CONFIRMATION	<p>Providers are responsible for following up with EDISS on the status of their enrollment and for notifying Emdeon when approved. Providers should complete the Emdeon Dental Provider Enrollment Form and submit to Emdeon when they are advised by EDISS that their enrollment request has been approved.</p>
CHANGING ELECTRONIC BILLING AGENTS	<p>If the Provider currently submits claims through another Billing Agent other than Emdeon each Provider must re-enroll following the procedures listed above.</p>



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CONTACT PHONE NUMBERS	ND BCBS EDI Help Desk Emdeon	800-967-7902 888-255-7293
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For All ND Trading Partners

EDI Support Services (EDISS) is excited to introduce Total OnBoarding (TOB). TOB is an online registration and testing tool, which replaces the current paper registration and claim testing processes.

TOB allows providers to update basic facility information, add billing NPI, add lines of business, add or change vendor associations, and manage their electronic transactions online. This eliminates the need to submit paper forms for profile changes. TOB will also be used to assist in a smooth transition to the next version of HIPAA, 5010.

The use of TOB will be **required** for all providers. Begin your online enrollment today by completing the following steps:

1. Click on the following link: [Total Onboarding - Login](#).
2. When prompted, enter the Submitter ID and Tax Identification Number (TIN) for the provider.
3. Once TOB has verified the Submitter ID and TIN combination, the profile information for the facility may be accessed online.

In the near future all EDISS related changes will need to be completed through TOB. No new registration forms will be accepted via fax or mail from North Dakota providers as of April 17, 2009.

EDISS will open TOB access for additional provider groups based on the following schedule. Education will be provided as these dates approach, or if any changes are made to the schedule, for each group.

2/05/09 – Beta Testing began for ND
3/04/09 – TOB is Live for All of ND
3/09/09 – Beta Testing begins for Medicare Part A
3/16/09 – TOB is Live for All of WY
3/23/09 – TOB is Live for All of Medicare Part A
6/01/09 – TOB is Live for All of Medicare Part B

If you have additional questions, please see our TOB user guide at: www.edissweb.com or you may contact the EDI Help Desk at 800-967-7902.



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PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **North Dakota BCBS - payer ID CX004**

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

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

I have received confirmation from EDISS that my enrollment request has been approved .

Signed: _____



Date: _____