



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

**UNITED CONCORDIA
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

<p>PAYER ID NUMBER</p>	<p>CX002 - FMDP TRICARE UCCI CX007 - FEE FOR SERVICE UCCI CX013 - UCCI NATIONAL PLUS CBPA2 - PENNSYLVANIA BLUE SHIELD DENTAL PLUS CB865 - PENNSYLVANIA BLUE SHIELD</p>				
<p>ELECTRONIC REGISTRATIONS Agreements Required</p>	<p>Emdeon Business Services Provider Enrollment Form</p> <ul style="list-style-type: none"> • Please complete all requested information. 				
<p>SEND REGISTRATION FORMS TO</p>	<p align="center">Emdeon Business Services 220 Burnham Street South Windsor, CT 06074 Attn: Provider Enrollment Or Fax to: 860-289-0055</p>				
<p>ENROLLMENT CONFIRMATION</p>	<ul style="list-style-type: none"> • Once Emdeon Business Services has received the Emdeon Business Services <i>Provider Enrollment Form</i>, United Concordia will be contacted with a request for enrollment. • Once approval is received from United Concordia, the Provider or their software vendor will be contacted that they may begin sending electronic claims. 				
<p>CHANGING ELECTRONIC BILLING AGENTS</p>	<p>If the Provider currently submits claims through another Billing Agent other than Emdeon Business Services each Provider must re-enroll following the procedures listed above.</p>				
<p>CONTACT PHONE NUMBERS</p>	<table border="0"> <tr> <td>United Concordia</td> <td align="right">800-633-5430</td> </tr> <tr> <td>Emdeon Business Services</td> <td align="right">888-255-7293</td> </tr> </table>	United Concordia	800-633-5430	Emdeon Business Services	888-255-7293
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PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **United Concordia - payer IDs CX002, CX007, CX013, CBPA2, and CB865**

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: _____

Date: _____