



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

**CAPITOL DENTAL
 PERFORMANCE HEALTH TECHNOLOGY
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	CX095				
ELECTRONIC REGISTRATIONS Agreements Required	Emdeon Business Services Provider Enrollment Form <ul style="list-style-type: none"> • Please complete all requested information. 				
SEND REGISTRATION FORMS TO	Emdeon Business Services 220 Burnham Street South Windsor, CT 06074 Attn: Provider Enrollment Or Fax to: 860-289-0055				
ENROLLMENT CONFIRMATION	<ul style="list-style-type: none"> ▪ Enrollment will be coordinated between Emdeon Business Services and PH Tech. ▪ The enrollment process takes approximately 7-8 business days. 				
CHANGING ELECTRONIC BILLING AGENTS	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.				
CONTACT PHONE NUMBERS	<table border="0" style="width: 100%;"> <tr> <td>PH Technology</td> <td align="right">800-859-7514</td> </tr> <tr> <td>Emdeon</td> <td align="right">888-255-7293</td> </tr> </table>	PH Technology	800-859-7514	Emdeon	888-255-7293
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PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **Performance Health Technology - payer ID CX095**

Provider/Organization Name: _____

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

Software Vendor: _____

Estimated monthly claim volume: _____

Group NPI: _____
(if applicable)

Name	NPI	Rendering	Taxonomy Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Billing Address: _____

Billing City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Email: _____

Date: _____