



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

**COMPANION LIFE
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	77828				
ELECTRONIC REGISTRATIONS Agreements Required	Provider Enrollment form <ul style="list-style-type: none"> • Please complete all requested information. Application to file claims or to change employer identification number (EIN) <ul style="list-style-type: none"> • Please complete all requested information. • Include a copy of the National Plan and Provider Enumerations System (NPPES) notification. • Include a copy of Letter 147C, CP 575 E or tax coupon 8109-C. 				
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	Enrollment will be coordinated between Companion Life and Emdeon Business Services. Once approval is received Emdeon will notify the provider or their software vendor.				
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>Companion Life Customer Service</td> <td align="right">800-753-0404</td> </tr> <tr> <td>Emdeon Business Services Provider Enrollment</td> <td align="right">888-255-7293</td> </tr> </table>	Companion Life Customer Service	800-753-0404	Emdeon Business Services Provider Enrollment	888-255-7293
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PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **Companion Life – payer ID 77828**

Provider/Organization Name: _____

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

Software Vendor: _____

Group NPI Number: _____
(If applicable)

Rendering Provider Name,	Social Security Number	and NPI Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Date: _____



APPLICATION TO FILE CLAIMS OR TO CHANGE EMPLOYER IDENTIFICATION NUMBER (EIN)

Please complete this form to notify Companion Life Insurance Company that a new clinic/group/location is being set up and desires to file claims. You must verify your Employer Identification Number (EIN) by submitting one of the following: Letter 147C, CP 575 E or tax coupon 8109-C.

Please include a copy of the National Plan and Provider Enumeration System (NPPES) NPI notification with this application.

Fax the completed form and appropriate documentation to 803-870-8237 or mail to the following address:

Companion Life Insurance Company
P.O. Box 100102
Columbia, SC 29202-3102

If you have questions about this form, you may call us at (803) 264-1247.

Date of Request: _____

Name of Business: _____

Federal Tax ID (EIN): _____ Effective Date: _____

Previous Tax ID, if applicable: _____ Date Clinic/Group Open for Business: _____

National Provider Identifier (NPI): _____

Practice/Institution Location Address: _____ Payment Address: _____

County: _____ County: _____

Practice Appointment Phone #: _____ Practice Fax #: _____

All Dental associations, corporations, partnerships and clinics must complete this section:

List each practitioner:

Name	Social Security #	NPI	Primary Specialty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

All applicants must complete this section:

Date legal entity established: _____

List each owner: _____

Name Title Social Security #

Name Title Social Security #

Practitioners must submit verification of EIN (Letter 147C, CP 575 E or tax coupon 8109-C) if they desire to use an Employer Identification Number (EIN) for payment.

Contact Person: _____ Contact's Phone #: _____

E-mail address: ** _____

**Required for notification when changes complete.