



emdeon™

business services

220 Burnham Street • South Windsor CT 06074

Vox 888-255-7293 • Fax 860-289-0055

**INDIANA MEDICAID
DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	CKIN1
ELECTRONIC REGISTRATIONS	Emdeon Business Service Provider Enrollment Form <ul style="list-style-type: none">• Please complete all requested information
SEND REGISTRATION FORMS TO:	Please fax or mail to: Emdeon Business Services 220 Burnham Street South Windsor, CT 06074 Fax: 860-289-0055
ENROLLMENT CONFIRMATION	<ul style="list-style-type: none">• Once Emdeon Business Services has received the <i>Emdeon Business Services Provider Enrollment Form</i>, Indiana Medicaid will be contacted with a request for confirmation.• Once confirmation is received, the Provider or their software vendor will be contacted that they may begin sending electronic claims.
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	IN Medicaid Provider Enrollment 317-488-5158 IN Medicaid Customer Service 317-488-5000 Emdeon Business Services 888-255-7293



PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **Indiana Medicaid – payer ID CKIN1**

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 Number: _____
(if applicable)

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

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Date: _____