



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

**KANSAS MEDICAID (EDS)
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	CKKS1				
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"> ▪ Once verification is received from Kansas Medicaid / EDS, the Provider or their software vendor will be contacted. 				
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"> <tr> <td>Emdeon Business Services Provider Enrollment</td> <td align="right">888-255-7293</td> </tr> <tr> <td>Kansas Medicaid / EDS Provider Assistance</td> <td align="right">800-933-6593 option 0</td> </tr> </table>	Emdeon Business Services Provider Enrollment	888-255-7293	Kansas Medicaid / EDS Provider Assistance	800-933-6593 option 0
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PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: Kansas Medicaid / EDS – payer ID CKKS1

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

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Date: _____