



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

**MISSOURI MEDICAID  
DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

<b>PAYER ID NUMBER</b>	<b>CKMO1</b>
<b>ELECTRONIC REGISTRATIONS</b> Agreements Required	<b>Additional enrollment not required, however providers must register their NPI with Missouri Medicaid.</b>  <b>Please mail your NPI information to Missouri Medicaid at:</b>  <b>Provider Enrollment Unit Division of Medical Services P.O. Box 6500 Jefferson City, MO 65102</b>
<b>CONTACT PHONE NUMBERS</b>	Emdeon Business Services 888-255-7293 Missouri Medicaid Help Desk 573-635-3559



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