



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

**MONTANA MEDICAID
DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	CKMT1
ELECTRONIC REGISTRATIONS Agreements Required	Additional enrollment not required. Reporting NPI for the first time please submit the form located at http://medicaidprovider.hhs.mt.gov/pdf/ediproviderenrollment.pdf Updating NPI information currently on file fax a letter of request to 406-449-7693.
CONTACT PHONE NUMBERS	Emdeon Business Services 888-255-7293 ACS Provider Relations 800-624-3958



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