



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

**NC HEALTH CHOICE FOR CHILDREN
 BLUE CROSS OF NORTH CAROLINA FEDERAL EMPLOYEE CLAIMS
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	61472						
ELECTRONIC REGISTRATIONS Agreements Required	Emdeon Business Services Provider Enrollment Form <ul style="list-style-type: none"> • Please complete all requested information 						
SPECIAL NOTES	Providers must contact their Blue Cross Blue Shield field office to request an application if they have not been issued a provider number. If you do not know your field office phone number you may call NC Health Choice at 800-422-4658 or Federal Employee program at 800-222-4739.						
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	Emdeon Business Services will notify either the provider or their software vendor when enrollment is complete.						
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>NC Health Choice</td> <td align="right">800-422-4658</td> </tr> <tr> <td>Blue Cross of North Carolina Federal Employee</td> <td align="right">800-222-4739</td> </tr> <tr> <td>Emdeon Business Services Provider Enrollment</td> <td align="right">888-255-7293</td> </tr> </table>	NC Health Choice	800-422-4658	Blue Cross of North Carolina Federal Employee	800-222-4739	Emdeon Business Services Provider Enrollment	888-255-7293
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PROVIDER ENROLLMENT FORM

Print/Type the following:

**Insurance Carrier: NC Health Choice for Children and/or
Blue Cross of North Carolina Federal Employee Claims – payer ID 61472**

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)

Name	Rendering		NPI
	Health Choice Provider #	Federal Employee Provider #	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ **Fax Number:** _____

I authorize Emdeon Business Services to attach the above information to my NC Health Choice and/or Blue Cross of North Carolina Federal Employee claims.

Provider Signature: _____ **DATE:** _____

