



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

**NORTH CAROLINA MEDICAID
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	CKNC1
ELECTRONIC REGISTRATIONS Agreements Required	<p>ECS agreement must be on file with North Carolina Medicaid in order to submit claims electronically. If ECS agreement is on file, please complete the Emdeon Business Services Provider Enrollment Form</p> <ul style="list-style-type: none"> • Please complete all requested information. <p>If the ECS agreement is not on file with North Carolina Medicaid you can access the proper forms via North Carolina's website. The links are:</p> <p>For Group Providers: http://www.nctracks.nc.gov/provider/forms/ecsagreegroup.pdf</p> <p>For Individual Providers: http://www.nctracks.nc.gov/provider/forms/ecsagreeindiv.pdf</p> <p>If you are unsure of your agreement status please call (866) 844-1113.</p>
SEND REGISTRATION FORMS TO:	<p align="center">Please send to: Emdeon Business Services 220 Burnham Street South Windsor, CT 06074 Attn: Provider Enrollment</p> <p align="center">Or fax to: 860-289-0055</p>
ENROLLMENT CONFIRMATION	Emdeon Business Services will notify either the provider or their software vendor when enrollment is complete.



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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	North Carolina Medicaid Provider Enrollment 866-844-1113 Emdeon Business Services 888-255-7293



emdeon®

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PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **North Carolina Medicaid – payer ID CKNC1**

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
_____		_____
_____		_____
_____		_____
_____		_____

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Date: _____