



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

**NEW HAMPSHIRE MEDICAID
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	CKNH1
ELECTRONIC REGISTRATIONS Agreements Required	Emdeon Business Services Provider Enrollment Forms <ul style="list-style-type: none"> • Please complete all requested information. For group practices you must list the rendering provider names and individual Medicaid provider numbers. NH Title XIX EDI Registration <ul style="list-style-type: none"> • Please complete all requested information.
SPECIAL NOTES	Effective with the Remittance Advice dated April 2, 2010, download in PDF format will become mandatory. Paper Remittance Advices will no longer be supplied and providers will need to download their Remittance Advices from the provider website www.nhmedicaid.com under the transaction services page.
SEND REGISTRATION FORMS TO:	<p align="center">Please mail completed ORIGINAL forms to:</p> <p align="center">Emdeon Business Services 220 Burnham Street South Windsor, CT 06074 Attn: Provider Enrollment</p>
ENROLLMENT CONFIRMATION	Enrollment confirmation is not required prior to submitting claims electronically. Please begin submitting claims at your convenience.
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	New Hampshire Medicaid Customer Service: 603-225-4899 Emdeon Business Services : 888-255-7293



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PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **New Hampshire Medicaid – payer ID CKNH1**

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: _____
(if applicable)

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

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Date: _____

NH Title XIX EDI Registration

EDS INTERNAL USE			
DATE	APPROVED BY	TRADING PARTNER ID	WEB LOGON

Part 1.a. NH Title XIX EDI Registration

Trading Partner Name Claims Processing Service, Inc. dba Emdeon Dental

Street Address 220 Burnham Street

Address 2 _____

City South Windsor State CT Zip 06074

Customer Service 888-255-7293 dentalsupport@emdeon.com
 Contact Name Contact Phone # Contact Email Address

Part 1.b. PreCertification: Please check one

Method of certification that transactions meet X12N standards & agency/product name:

	Method of Certification	Agency/Product Name
	Using Provider Electronic Solutions Software	Distributed by EDS, an HP company
	Certified by Independent Agency (Provide name)	
	Translator Compliance Check (Name product)	
	Utilizing a Certified Vendor/Clearinghouse (Provide name)	Claims Processing Service, Inc. dba Emdeon Dental
	Other (Describe)	

Transactions: Check all that apply

837 Institutional Inpatient & Outpatient 997 Functional Acknowledgement Claim Accept/Reject Report		837 Professional 997 Functional Acknowledgement Claim Accept/Reject Report
837 Institutional Nursing Home 997 Functional Acknowledgement Claim Accept/Reject Report		837 Dental 997 Functional Acknowledgement Claim Accept/Reject Report
270/271 Eligibility Request/Response		835 Remittance 277 Unsolicited Claim Status
276/277 Claim Status Inquiry		PDF Remittance Advice

- 837 Dental is the equivalent of 2006 ADA Dental claim form
- 837 Professional is the equivalent of CMS 1500 claim form
- 837 Institutional is the equivalent of UB-04 claim form
- 837 Institutional Nursing Home includes Swing Beds

