

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

| | |
|--|--|
| PAYER ID NUMBER | CKNM1 |
| ELECTRONIC REGISTRATIONS Agreements Required | Emdeon Business Services Provider Enrollment Form <ul style="list-style-type: none"> Please complete all requested information. |
| SPECIAL NOTES | All Providers are required to have an assigned New Mexico Provider number in order to send electronic claims. |
| SEND REGISTRATION FORMS TO: | Mail or fax to: Emdeon Business Services 220 Burnham Street South Windsor, CT 06074 Attn: Provider Enrollment Fax # 860-289-0055 |
| ENROLLMENT CONFIRMATION | Enrollment will be coordinated between Emdeon Business Services and ACS. Once approval is received Emdeon will notify the provider or their software vendor. |
| 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 | BCB In-state New Mexico Providers 800-299-7304 Out-of-State Providers 505-246-0710 Emdeon Business Services 888-255-7293 |



PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **New Mexico Medicaid – payer ID CKNM1**

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: _____