



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

**NPI  
 DENTAL NATIONAL PROVIDER IDENTIFIER REGISTRATION**

<b>ELECTRONIC REGISTRATIONS</b>	<b>Emdeon Dental Provider Enrollment Form</b> <ul style="list-style-type: none"> <li>Please complete all requested information</li> </ul>				
<b>SEND REGISTRATION FORMS TO</b>	<p align="center">Emdeon Business Services          220 Burnham Street          South Windsor, CT 06074          Attn: Provider Enrollment          Or          Fax to: 860-289-0055</p>				
<b>REGISTRATION CONFIRMATION</b>	Emdeon Dental will notify the provider's software vendor or office when the registration is complete.				
<b>CHANGING ELECTRONIC BILLING AGENTS</b>	If the Provider currently submits claims through another Billing Agent other than Emdeon Business Services each Provider must re-register following the procedures listed above.				
<b>CONTACT PHONE NUMBERS</b>	<table border="0"> <tr> <td><b>National Plan and Provider Enumeration System</b></td> <td align="right"><b>800-465-3203</b></td> </tr> <tr> <td><b>Emdeon Business Services Provider Enrollment</b></td> <td align="right"><b>888-255-7293</b></td> </tr> </table>	<b>National Plan and Provider Enumeration System</b>	<b>800-465-3203</b>	<b>Emdeon Business Services Provider Enrollment</b>	<b>888-255-7293</b>
<b>National Plan and Provider Enumeration System</b>	<b>800-465-3203</b>				
<b>Emdeon Business Services Provider Enrollment</b>	<b>888-255-7293</b>				



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

**PROVIDER ENROLLMENT FORM**

**NPI  
NATIONAL PROVIDER IDENTIFIER REGISTRATION**

Print/Type the following:

Provider/Organization Name: \_\_\_\_\_

Tax Identification or Social Security Number: \_\_\_\_\_  
*(Number that will be used to submit electronic claims)*

Software Vendor: \_\_\_\_\_

Group NPI Number: \_\_\_\_\_

Rendering Provider Name      and      Individual NPI Number:

_____	_____
_____	_____
_____	_____
_____	_____

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Date: \_\_\_\_\_