



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

**NY BCBS - WESTERN  
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

<b>PAYER ID NUMBER</b>	<b>CBNYW</b>	
<b>ELECTRONIC REGISTRATIONS</b>  Agreements Required	<b>Emdeon Business Services Provider Enrollment Form</b> <ul style="list-style-type: none"> <li>Please complete all requested information.</li> </ul>	
<b>SEND REGISTRATION FORMS TO</b>	Emdeon Business Services 220 Burnham Street South Windsor, CT 06074 Attn: Provider Enrollment Or Fax to: 860-289-0055	
<b>ENROLLMENT CONFIRMATION</b>	Emdeon Business Services will notify the Provider or their software vendor once the set up is complete in our system.	
<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-enroll following the procedures listed above.	
<b>CONTACT PHONE NUMBERS</b>	NY BCBS – Western Emdeon Business Services	800-472-6481 opt. 1, opt. 1 888-255-7293



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

**PROVIDER ENROLLMENT FORM**

Print/Type the following:

Insurance Carrier: **NY BCBS – WESTERN payer ID - CBNYW**

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

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

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

Group NPI: \_\_\_\_\_  
*(if applicable)*

Name	Rendering NPI
_____	_____
_____	_____
_____	_____
_____	_____

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

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

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

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

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