



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

**OREGON BLUE CROSS BLUE SHIELD
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	CB850				
ELECTRONIC REGISTRATIONS Agreements Required	Emdeon Business Services Provider Enrollment Form <ul style="list-style-type: none"> • Please complete all requested information. 				
SEND REGISTRATION FORMS TO:	Emdeon Business Services Attention Provider Enrollment 220 Burnham Street South Windsor, CT. 06074 Or Fax To: 860-289-0055				
ENROLLMENT CONFIRMATION	<ul style="list-style-type: none"> ▪ Once approval is received, Emdeon Business Services 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	<table> <tr> <td>Emdeon Business Services</td> <td align="right">888-255-7293</td> </tr> <tr> <td>Regence Blue Cross Blue Shield</td> <td align="right">503-225-6824</td> </tr> </table>	Emdeon Business Services	888-255-7293	Regence Blue Cross Blue Shield	503-225-6824
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PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **Oregon BCBS (Regence) – payer ID CB850**

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: _____