



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

**OREGON MEDICAID  
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

<p><b>PAYER ID NUMBER</b></p>	<p align="center"><b>CKOR1</b></p>
<p><b>ELECTRONIC REGISTRATIONS</b></p> <p>Agreements Required</p>	<p><b>Emdeon Dental Provider Enrollment Form</b></p> <ul style="list-style-type: none"> <li>• Please complete all requested information</li> </ul> <p><b>Trading Partner Agreement Oregon Department of Human Services</b></p> <ul style="list-style-type: none"> <li>• Pg 1: Enter <b>Billing</b> provider number and <b>Billing</b> provider name.</li> <li>• Pg 5: Enter <b>Billing</b> provider name, title, phone number, <b>original authorized signature in BLUE ink</b>, signer name and date.</li> </ul> <p><b>Exhibit A Application for Authorization</b></p> <ul style="list-style-type: none"> <li>• Pg 6: Enter <b>Billing</b> Trading Partner name, phone number, <b>Billing</b> provider number, Tax ID number, Billing NPI number, taxonomy code, date and <b>original Trading Partner Signature in BLUE ink.</b></li> </ul> <p><b>Exhibit B EDI Registration</b></p> <ul style="list-style-type: none"> <li>• Pg 9: Complete all sections. Areas marked with an * are required, others are optional.</li> <li>• Pg 10: Complete section 8 <b>signature must be original in BLUE ink.</b></li> </ul>
<p><b>SPECIAL NOTES</b></p>	<ul style="list-style-type: none"> <li>• Emdeon Dental signature is required on pg 8. EDI packets <b>must be mailed</b> to Emdeon Dental in their entirety to obtain this required signature.</li> <li>• All forms must contain <b>original signatures in BLUE ink.</b></li> <li>• All fields marked with an * are required.</li> <li>• <b>OMAP enrolled group practices</b> need only submit one EDI Registration Packet listing the group as the Trading Partner.</li> </ul>
<p><b>SEND ORIGINAL REGISTRATION FORMS TO:</b></p>	<p align="center">Emdeon Dental        220 Burnham Street        South Windsor, CT 06074        Attn: Provider Enrollment</p>



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<b>ENROLLMENT CONFIRMATION</b>	Enrollment will be coordinated between Oregon Medicaid and Emdeon Dental. Once confirmed Emdeon Dental will notify the provider's software vendor or office when they may begin sending claims electronically.				
<b>CHANGING ELECTRONIC BILLING AGENTS</b>	If the Provider currently submits claims through another Billing Agent other than Emdeon Dental each Provider must re-enroll following the procedures listed above.				
<b>CONTACT PHONE NUMBERS</b>	<table> <tr> <td>Oregon Medicaid EDI Helpdesk</td> <td>888-690-9888</td> </tr> <tr> <td>Emdeon Dental Provider Enrollment</td> <td>888-255-7293</td> </tr> </table>	Oregon Medicaid EDI Helpdesk	888-690-9888	Emdeon Dental Provider Enrollment	888-255-7293
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**PROVIDER ENROLLMENT FORM**

Print/Type the following:

Insurance Carrier: **Oregon Medicaid – payer ID CKOR1**

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 Number: \_\_\_\_\_  
*(if applicable)*

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

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

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

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

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

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















Claims Processing Service dba Emdeon  
888-255-7293

276147  
061267267

Claims Processing Service dba Emdeon  
Dawn L Vaughan, Vendor/Payer Liaison  
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Analyst  
860-289-0055