



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

**REGENCE BLUE SHIELD / REGENCE NORTHWEST HEALTH
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	93200				
ELECTRONIC REGISTRATIONS Agreements Required	Emdeon Provider Enrollment Form <ul style="list-style-type: none"> • Please complete all requested information. 				
SPECIAL NOTES	<ul style="list-style-type: none"> • Regence assigns provider IDs upon receipt of the first paper claim. • Provider IDs are 4-6 bytes in length and are alpha/numeric 				
SEND REGISTRATION FORMS TO	Emdeon Business Services 220 Burnham Street South Windsor, CT 06074 Attn: Provider Enrollment Or Fax to: 860-289-0055				
ENROLLMENT CONFIRMATION	Emdeon Business Services will verify the provider's status with Regence. Once the providers status is obtained Emdeon Business Services will notify either 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>Regence EDI Department</td> <td align="right">800-373-1477</td> </tr> <tr> <td>Emdeon Business Services Provider Enrollment</td> <td align="right">888-255-7293</td> </tr> </table>	Regence EDI Department	800-373-1477	Emdeon Business Services Provider Enrollment	888-255-7293
Regence EDI Department	800-373-1477				
Emdeon Business Services Provider Enrollment	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: **Regence Blue Shield / Regence Northwest Health – payer ID 93200**

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: _____