



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

Participation in Dental Electronic Remittance Advice (ERA) is limited to those provider's whose practice management software vendor is participating in ERA with Emdeon or to those provider's who have a Dental Provider Services (DPS) account. Please contact your software vendor to verify participation or register for a DPS account at www.emdeondental.com

ALASKA BLUE CROSS BLUE SHIELD (Premera)
 DENTAL ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT REGISTRATION

PAYER ID NUMBER	47570
ELECTRONIC REGISTRATIONS Agreements Required	<p>Emdeon Dental Provider Enrollment Form</p> <ul style="list-style-type: none"> • Please complete all requested information. <p>835 Claims Payment and Remittance Advice EDI Authorization Form</p> <ul style="list-style-type: none"> • Please complete all requested information.
SEND REGISTRATION FORMS TO	<p>Emdeon Business Services 220 Burnham Street South Windsor, CT 06074 Attn: Provider Enrollment</p>
ENROLLMENT CONFIRMATION	<p>ERA enrollments take approximately 5-7 business days for completion. Once complete, Emdeon will notify the provider or their software vendor.</p>
CHANGING ELECTRONIC BILLING AGENTS	<p>If the Provider currently receives ERAs through another Billing Agent other than Emdeon Business Services each Provider must re-enroll following the procedures listed above.</p>



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<p>DISCONTINUING ERA</p>	<p>Discontinuing ERA is a 2 step process.</p> <ol style="list-style-type: none"> 1. Deactivation <ol style="list-style-type: none"> a. Providers receiving ERAs via their Practice Management Software need to request deactivation from their software Vendors. Please call your PMS directly. b. Providers receiving their ERAs via an Emdeon DPS account need only ignore the ERA option when logging into the DPS. 2. Payer Un-enrollment <ol style="list-style-type: none"> a. Each payer has their own unique process to discontinue ERAs and return to paper Remittance Advice. Please follow the below steps for this payer. <p>No un-enrollment is necessary as the provider will always continue to receive paper remittance advice statements.</p>				
<p>CONTACT PHONE NUMBERS</p>	<table> <tr> <td>Premera EDI</td> <td>800-435-2715 opt. 1</td> </tr> <tr> <td>Emdeon Business Services Provider Enrollment</td> <td>888-255-7293</td> </tr> </table>	Premera EDI	800-435-2715 opt. 1	Emdeon Business Services Provider Enrollment	888-255-7293
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PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **Alaska BCBS - ERA payer ID 47570**

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

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Date: _____



BLUE CROSS BLUE SHIELD OF ALASKA

An Independent Licensee of the Blue Cross Blue Shield Association

**835 Claims Payment and Remittance Advice
EDI Authorization Form**

This Authorization Form is required for the set-up of the 835 Claims Payment and Remittance Advice. An original signature is required. Please return the completed form to the address below:

**Premera Blue Cross
PO Box 327 MS281
Seattle, WA 98111-0327**

Provider or Group/Facility Information:

Name: _____ PBC EDI Submitter ID _____

Address: _____

City: _____ State: _____ Zip: _____

Tax ID: _____

Provider NPI: _____

Do you share this Tax ID with other groups, facilities or individual providers? Yes _____ No _____

If Yes: The 835 transaction will include payments for all providers who share this Tax ID and will be sent to the Submitter ID specified below. The Paper vouchers with checks are not affected.

PBC, EDI Submitter ID of the office that will receive the 835 transaction: ACD99

Clearinghouse/Billing Service Information:

Name: Emdeon Business Services, Inc Current PBC Submitter ID ACD99

Address: 220 Burnham Street

City: South Windsor State: CT Zip: 06074

Phone: 888-255-7293 Fax: 860-289-0055 Email Address: dentalsupport@emdeon.com

Contact Name: Dawn L Vaughan

I authorize the above named Clearinghouse/Billing Service to receive the 835 Health Care Claim Payment Advice on my behalf.

Provider Signature: _____ Date: _____

Please note, should the exchange relationship between this provider and billing agent change, immediately contact the EDI Team at 1-800-435-2715, option 1, or at edi@premera.com