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**ARKANSAS MEDICAID
 DENTAL ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT REGISTRATION**

PAYER ID NUMBER	CKAR1				
ELECTRONIC REGISTRATIONS Agreements Required	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.emdeodental.com				
ENROLLMENT CONFIRMATION	ERA enrollments take approximately 5-7 business days for completion. Once complete, Emdeon Dental will notify the provider or their software vendor to expect to begin receiving ERAs from Arkansas Medicaid.				
CHANGING ELECTRONIC BILLING AGENTS	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.				
DISCONTINUING ERA	Providers who wish to discontinue receiving ERAs from Arkansas Medicaid need to call the Arkansas Medicaid EDI department.				
CONTACT PHONE NUMBERS	<table border="0"> <tr> <td>Arkansas Medicaid EDI department</td> <td align="right">800-457-4454</td> </tr> <tr> <td>Emdeon Business Services Provider Enrollment</td> <td align="right">888-255-7293</td> </tr> </table>	Arkansas Medicaid EDI department	800-457-4454	Emdeon Business Services Provider Enrollment	888-255-7293
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