



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

BLUE SHIELD OF IDAHO
 DENTAL ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT REGISTRATION

PAYER ID NUMBERS	CBID2
ELECTRONIC REGISTRATIONS Agreements Required	Emdeon Dental Provider Enrollment Form <ul style="list-style-type: none"> • Please complete all requested information. Electronic Remittance Advice (ERA) Enrollment <ul style="list-style-type: none"> • Please complete all requested information
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	ERA enrollments take approximately 12-14 business days for completion. Once complete, Emdeon will notify the provider or their software vendor.
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.



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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>If a provider wishes to discontinue receiving ERAs from BS of Idaho he needs to fax a letter of request to 972.383.6450. The letter must be on the provider's letterhead.</p>				
<p>CONTACT PHONE NUMBERS</p>	<table> <tr> <td>Availity EDI Help Line</td> <td>877.334.8446</td> </tr> <tr> <td>Emdeon Business Services Provider Enrollment</td> <td>888-255-7293</td> </tr> </table>	Availity EDI Help Line	877.334.8446	Emdeon Business Services Provider Enrollment	888-255-7293
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PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **BS of Idaho - ERA payer ID CBID2**

Provider/Organization Name: _____

Tax Identification or Social Security Number: _____
(Number that will be used to submit electronic claims)

Software Vendor: _____

Group Idaho BS Number: _____
(if applicable)

Group NPI Number: _____
(if applicable)

Rendering Name: _____ Rendering NPI: _____

Rendering Idaho BS Number: _____
(if applicable)

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Date: _____

Electronic Remittance Advice (ERA) Enrollment

Change or Add a New ERA Account (Select one)	
CHANGE to ERA Receiver ID: 030240928	
Add New Payer to ERA Account	
Change ERA Account Information	
Delete ERA Account	
ADD New ERA Receiver ID 030240928	
Create New ERA Account	

Indicate who will receive the file:	Provider	Billing Service	Clearinghouse
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Availity User ID (Required)	emdbcbsid07		
Receiver Name	EMDEON		
Receiver Address	3055 LEBANON ROAD, BLDG. #3, STE. 2000		
City	NASHVILLE	State	TN Zip 37214
Contact Name	ENROLLMENT HELP DESK	Tel.	866-924-4634
Email Address	dentalsupport@emdeon.com	Fax	615-234-4843
Vendor Name/ID (if applicable)			

Payer Name	Payer ID (see Payer List)	Provider Tax ID	BCBS Provider #	National Provider ID (NPI)	Regence Legacy ID
Blue Shield Idaho	00611				

Provider Name (print)	
Provider Address	
City	State Zip
Provider Signature	Date