



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

CORESOURCE NC IN
 DENTAL ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT REGISTRATION

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|---|---|
| PAYER ID NUMBER | 35180 |
| ELECTRONIC REGISTRATIONS Agreements Required | Emdeon Dental Provider Enrollment Form <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 5-7 days for completion. Once complete, Emdeon Dental will notify the provider or their software vendor to expect to begin receiving ERAs from CoreSource NC IN. |
| 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 CoreSource NC IN he needs to email his request to payorid35180@coresource.com.</p> | | | | |
| <p>CONTACT PHONE NUMBERS</p> | <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">CoreSource NC IN</td> <td style="text-align: right;">866-590-2868</td> </tr> <tr> <td>Emdeon Business Services Provider Enrollment</td> <td style="text-align: right;">888-255-7293</td> </tr> </table> | CoreSource NC IN | 866-590-2868 | Emdeon Business Services Provider Enrollment | 888-255-7293 |
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PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: CoreSource NC IN - ERA payer ID 35180

Provider/Organization Name: _____

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

Software Vendor: _____

Rendering Name

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Date: _____