



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 CROSS OF KANSAS
 DENTAL ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT REGISTRATION

PAYER ID NUMBER	CBKS1
ELECTRONIC REGISTRATIONS Agreements Required	Emdeon Dental Provider Enrollment Form <ul style="list-style-type: none"> • Please complete all requested information. ANSI 835 PAYMENT/ADVICE (004010X091A1) <ul style="list-style-type: none"> • Sec 6: Please enter BILLING PROVIDER ID and name. • Sec 7: Please complete all requested information. • Sec 8: Please sign, date and supply requested information.
SPECIAL NOTES	Only BILLING PROVIDER information should be included on the ANSI 835 form. Only IN STATE, CONTRACTED providers may enroll for ERAs.
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 business days for completion. Once complete, Emdeon Dental will notify the provider or their software vendor to expect to begin receiving ERAs from Blue Cross of Kansas.
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 Blue Cross of Kansas he would need to fax his request to 785-290-0720. Provider letterhead is preferred but not mandated.</p>				
<p>CONTACT PHONE NUMBERS</p>	<table> <tr> <td>ASK, Inc</td> <td>785-290-0720</td> </tr> <tr> <td>Emdeon Business Services Provider Enrollment</td> <td>888-255-7293</td> </tr> </table>	ASK, Inc	785-290-0720	Emdeon Business Services Provider Enrollment	888-255-7293
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PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **Blue Cross of Kansas – ERA payer ID CBKS1**

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: _____

Email: _____

Date: _____

**EDI Enrollment Form
ANSI 835
Payment/Advice (004010X091A1)**

Section 1: Request Type:

<input type="checkbox"/> New enrollment (request for a new trading partner number) <input type="checkbox"/> Existing trading partner adding additional provider numbers
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Section 2: Trading Partner Information:

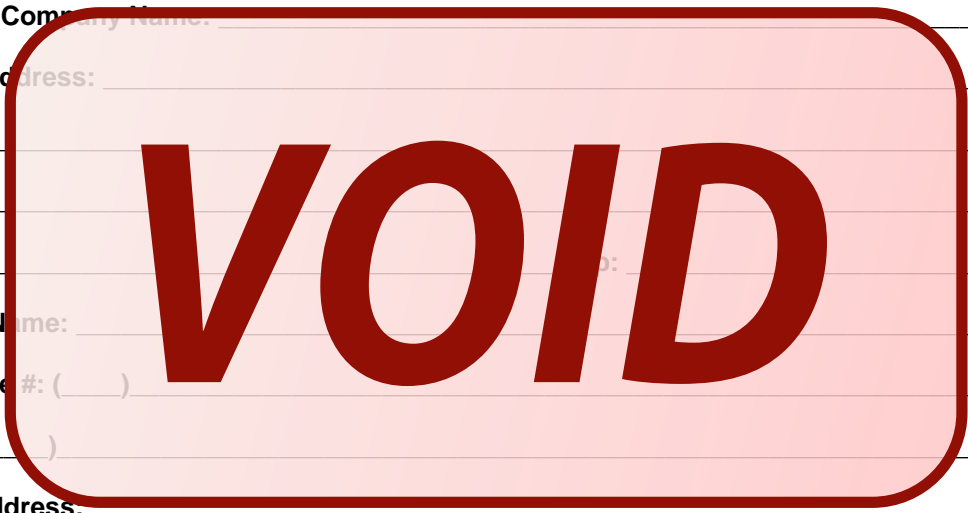
Trading Partner Number: (for existing trading partner) _____
Organization Name: (legal name) _____
Mailing Address: _____ _____
City: _____
State: _____ Zip: _____
Contact Name(s): _____
Telephone #: _____
Fax #: _____
E-mail Address: _____

Section 3: Type of Organization (new trading partner enrollment only):

<input type="checkbox"/> Clearinghouse <input type="checkbox"/> Billing Service (Leave blank if neither description fits the organization)
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Section 4: Vendor Information (new trading partner enrollment only):

Software Company Name: _____
Mailing Address: _____ _____
City: _____
State: _____ Zip: _____
Contact Name: _____
Telephone #: (____) _____
Fax #: (____) _____
E-mail Address: _____



Section 5: Communication Type (New Trading Partner enrollment only):

<input type="checkbox"/> Internet <input type="checkbox"/> Network Service Vendor (i.e.: IVANS or Vision Share) <input type="checkbox"/> FTP - choose compression type and transfer type if using FTP <p>Compression Type</p> <input type="checkbox"/> Encryption <input type="checkbox"/> PKZip <input type="checkbox"/> UnixComp <input type="checkbox"/> UnixTar <input type="checkbox"/> UnixZip <input type="checkbox"/> None	<p>Transfer Type:</p> <input type="checkbox"/> ASCII <input type="checkbox"/> Binary <input type="checkbox"/> None
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Section 6: Billing Provider Numbers:

*****As of 12/1/07 – Requests to add provider numbers must include a valid NPI. Forms received without the NPI will be returned.**

<u>Payer</u>	<u>Payer Provider Number(s)</u>	<u>NPI</u>	<u>Provider Name</u>
Blue Shield and Blue Cross of Kansas			
Blue Shield and Blue Cross of Kansas City			
HealthNow NY			
BCBSWNY			
BSNENY			



Note: Payer provider numbers and NPI can only be loaded under one trading partner number for the 835 (electronic remittance).
 Setup will be completed within 3-5 business days of receipt.

- If interested in submitting 837(claims) complete EDI Enrollment Form for 837, or the EDI change form, if you are an existing trading partner.
- NPI must be reported to payers before completing EDI enrollment.

Section 7: Provider Information:

Provider will be notified of 835 enrollment(s). Please submit provider information below if different than trading partner information:
 * = Required

Provider/Organization: _____ *

Address: _____ *

City, State, Zip: _____ *

Attention/Contact Name: _____

Telephone #: _____ Fax#: _____ *

E-mail Address: _____

Section 8:

Signatures A signature is required from either the provider or an authorized provider representative. Only one billing provider may be enrolled per form.

****Signing this agreement will override any previous 835 enrollments for the indicated provider numbers.**

Provider or Providers Representative:



(Sign)

(Date)

(Print Name)

(Print Title)

General Information

Please provide in writing to ASK any future changes to the information contained in this EDI setup form within 5 business days of the change.

ASK will make every attempt to give 60 days notice of any material changes to the EDI system that may effect trading partner data transmissions. Updates to any system changes will be made through e-mail list notification on the ASK Web site. Trading partners are responsible for signing up for the e-mail list notifications.

In an effort to keep our records up to date, provider numbers with no activity for at least six months will be removed from a trading partner number. Once removed from a trading partner number, the EDI enrollment form will need to be completed to re-add this number.

Kansas law applies to this business relationship.

Completed forms can be sent to:

ASK, Inc.
F O B
Top
Fax number: **785-290-0720**



*****All pages must be returned*****