



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](http://www.emdeondental.com)**

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

|   |   |
|---|---|
| PAYER ID NUMBER                                 | CBMA1   |
| ELECTRONIC REGISTRATIONS<br>Agreements Required | Emdeon Dental Provider Enrollment Form <ul style="list-style-type: none"> <li>• Please complete all requested information.</li> </ul>   |
| SEND REGISTRATION FORMS TO                      | Emdeon Business Services<br>220 Burnham Street<br>South Windsor, CT 06074<br>Attn: Provider Enrollment<br>Or<br>Fax to: 860-289-0055  |
| ENROLLMENT CONFIRMATION                         | ERA enrollments take approximately 14 business days for completion. Once complete, Emdeon Dental will notify the provider or their software vendor to expect to begin receiving ERAs from Massachusetts BCBS. |
| 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"> <li>1. Deactivation           <ol style="list-style-type: none"> <li>a. Providers receiving ERAs via their Practice Management Software need to request deactivation from their software Vendors. Please call your PMS directly.</li> <li>b. Providers receiving their ERAs via an Emdeon DPS account need only ignore the ERA option when logging into the DPS.</li> </ol> </li> <li>2. Payer Un-enrollment           <ol style="list-style-type: none"> <li>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.</li> </ol> </li> </ol> <p>Should a provider wish to discontinue receiving ERAs from Massachusetts BCBS a letter of request must be faxed to the payer at 617-761-3991. The letter must be typed on office letterhead and contain date of discontinuance, Tax ID, Provider name and Provider ID.</p> |                |              |  |              |
| <p>CONTACT PHONE NUMBERS</p>                 | <table> <tr> <td>EMC Enrollment</td> <td>617-761-3938</td> </tr> <tr> <td>Emdeon Business Services Provider Enrollment</td> <td>888-255-7293</td> </tr> </table>   | EMC Enrollment | 617-761-3938 | Emdeon Business Services Provider Enrollment | 888-255-7293 |
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