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

PAYER ID NUMBER	CBMA1				
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.emdeondental.com				
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.				
DISCONTINUING ERA	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.				
CONTACT PHONE NUMBERS	<table> <tr> <td>EMC Enrollment</td> <td align="right">617-761-3938</td> </tr> <tr> <td>Emdeon Business Services Provider Enrollment</td> <td align="right">888-255-7293</td> </tr> </table>	EMC Enrollment	617-761-3938	Emdeon Business Services Provider Enrollment	888-255-7293
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