



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)**

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

PAYER ID NUMBER	CBMA1
ELECTRONIC REGISTRATIONS  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 220 Burnham Street South Windsor, CT 06074 Attn: Provider Enrollment Or 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 615-340-6159. 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>	<p>Emdeon Business Services Provider Enrollment                      888-255-7293</p>