



220 Burnham Street • South Windsor, CT 06074
 Vox 888-255-7293 • Fax 860-289-0055

**IDAHO MEDICAID
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	CKID1				
ELECTRONIC REGISTRATIONS Agreements Required	<p>Effective May 31, 2010 all Provider Enrollment Applications and updates must be completed through the Idaho MMIS. This online system replaces the current paper enrollment process.</p> <p>Emdeon Business Services Provider Enrollment Form</p> <ul style="list-style-type: none"> • Please complete all requested information. 				
SPECIAL NOTES	<p>You can learn more about the new Idaho MMIS at: https://www.idmedicaid.com/default.aspx</p> <p>Emdeon Dental has registered as a clearinghouse with Idaho Medicaid in the new Idaho MMIS and received our submitter number. You will need this number when you register in Idaho MMIS to ensure Idaho Medicaid knows your plan for us to submit and/or receive transactions on your behalf.</p> <p>Idaho MMIS Name: Emdeon Dental Idaho MMIS Submitter ID: IDTPID000027</p>				
CHANGING ELECTRONIC BILLING AGENTS	<p>If the Provider currently submits claims through another Billing Agent other than Emdeon Business Services each Provider must re-enroll following the procedures listed above.</p>				
CONTACT PHONE NUMBERS	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Idaho Medicaid Provider Enrollment</td> <td style="text-align: right;">866-686-4272</td> </tr> <tr> <td>Emdeon Dental</td> <td style="text-align: right;">888-255-7293</td> </tr> </table>	Idaho Medicaid Provider Enrollment	866-686-4272	Emdeon Dental	888-255-7293
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Print/Type the following:

Insurance Carrier: **Idaho Medicaid - payer ID CKID1**

Provider/Organization Name: _____

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

Software Vendor: _____

Group NPI: _____
(If applicable)

Name	Rendering	NPI
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

I have completed my Provider Record Update (PRU) or new registration as applicable and registered as a Trading Partner the above information within Idaho MMIS.

Signature: _____

Date: _____