



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

**PLEASE NOTE THE FOLLOWING:**

- **Billing and/or Rendering NPI number(s) required.**
- **Only in state, contracted providers may register for electronic claim submission.** Out of state providers must submit their dental claims on paper..
- You must have a valid Kansas Blue Shield Billing Provider Number to complete this paperwork.
- If you do NOT have a Kansas Blue Shield Billing Provider Number, you **MUST** submit a paper claim first. After the paper claim is received, the Provider will be mailed a Remittance Advice with the Provider Number on it.
- After you have received your Billing Provider Number, you may then fill out the attached paperwork. Do NOT submit paperwork without a valid Provider Number, otherwise you will delay the process and are at risk for rejected claims.
- If you are a GROUP practice, you must include your individual provider names and rendering provider numbers on the Emdeon Business Services Provider Enrollment Form. Neglecting to include this number(s) will result in an improper set up at Kansas Blue Shield and Emdeon Business Services resulting in claim rejections.
- DO NOT mail the paperwork directly to Kansas Blue Shield. If you submit the paperwork directly to Kansas Blue Shield you are again at risk for a delay in receiving a Provider Number and/or claims rejecting.



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

**KANSAS BLUE SHIELD  
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

<b>PAYER ID NUMBER</b>	<b>CBKS1</b>						
<b>ELECTRONIC REGISTRATIONS</b> Agreements Required	<b>EMDEON BUSINESS SERVICES PROVIDER ENROLLMENT FORM</b> <ul style="list-style-type: none"> <li>• Please complete all requested information.</li> </ul>						
<b>SEND REGISTRATION FORMS TO:</b>	Please mail or fax completed forms to:  Emdeon Business Services Attn: Provider Registration 220 Burnham Street South Windsor, CT 06074  Fax # 860-289-0055						
<b>ENROLLMENT CONFIRMATION</b>	Once Emdeon Business Services has received the Emdeon Business Services <i>Provider Enrollment Form</i> , ASK will be contacted with a request for enrollment. Once approval is received from ASK, the Provider or their software vendor will be contacted that they may begin sending electronic claims.						
<b>CHANGING ELECTRONIC BILLING AGENTS</b>	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.						
<b>CONTACT PHONE NUMBERS</b>	<table> <tr> <td>Provider Services IN-STATE</td> <td align="right">800-432-3587</td> </tr> <tr> <td>Provider Services OUT OF STATE</td> <td align="right">800-432-0216</td> </tr> <tr> <td>Emdeon Business Services</td> <td align="right">888-255-7293</td> </tr> </table>	Provider Services IN-STATE	800-432-3587	Provider Services OUT OF STATE	800-432-0216	Emdeon Business Services	888-255-7293
Provider Services IN-STATE	800-432-3587						
Provider Services OUT OF STATE	800-432-0216						
Emdeon Business Services	888-255-7293						



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

**PROVIDER ENROLLMENT FORM**

Print/Type the following:

Insurance Carrier: **Kansas Blue Shield – payer ID CBKS1**

Provider/Organization Name: \_\_\_\_\_

Tax Identification or Social Security Number: \_\_\_\_\_  
*(This is the number that will be used to submit electronic claims)*

Software Vendor: \_\_\_\_\_

Group Number: (6 digits) \_\_\_\_\_  
*(if applicable)*

Group NPI Number: \_\_\_\_\_  
*(if applicable)*

Name	Rendering Number: (6 digits)	NPI
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Date: \_\_\_\_\_