



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

**MAINE MEDICAID / MAINECARE
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	CKME1
SPECIAL NOTES	Please note enrollment is required for Maine Medicaid (MaineCare) and is completed directly with MaineCare online at https://mainecare.maine.gov/
ELECTRONIC REGISTRATIONS Agreements Required	Emdeon Provider Enrollment Form <ul style="list-style-type: none"> • Please complete all requested information. • Please complete 1 sheet for each servicing location.
SEND REGISTRATION FORMS TO	Emdeon 220 Burnham Street South Windsor, CT 06074 Attn: Provider Enrollment Or Fax to: 860-289-0055
ENROLLMENT CONFIRMATION	Emdeon will notify the provider or their software vendor when registration is complete.
CHANGING ELECTRONIC BILLING AGENTS	If the Provider currently submits claims through another Billing Agent other than Emdeon Dental each Provider must re-enroll following the procedures listed above.
CONTACT PHONE NUMBERS	MaineCare EDI Help Desk 866-690-5585 Opt. 3 Emdeon Dental 888-255-7293



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PROVIDER ENROLLMENT FORM

Insurance Carrier: **Maine Medicaid / MaineCare - payer IDs CKME1**

You must include a copy of your welcome letter from MaineCare with this registration request. Emdeon cannot process your enrollment without this information. If you do not have a copy of your welcome letter please contact MaineCare at 866-690-5585 option 3 and request another copy be sent to you.

Print/Type the following:

Provider/Organization Name: _____

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

Software Vendor: _____

Type 2 NPI	
Pay to NPI: _____	Billing NPI: _____

MaineCare Service Location ID: _____

<u>Rendering Provider Information</u>	
Name	Type 1 NPI
_____	_____
_____	_____
_____	_____
_____	_____

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

I have completed the online enrollment process with MaineCare. I am requesting Emdeon Dental Services store and attach the above listed servicing location(s) ID to my MaineCare 837D transactions (claims).

Signature

Date