



emdeon™

business services

220 Burnham Street • South Windsor CT 06074

Vox 888-255-7293 • Fax 860-289-0055

**PENNSYLVANIA MEDICAID
DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	CKPA1
ELECTRONIC REGISTRATIONS Agreements Required	Emdeon Business Services Provider Enrollment Form <ul style="list-style-type: none">• Please complete all requested information.
SEND REGISTRATION FORMS TO:	Please mail or fax completed forms to: Emdeon Business Services 220 Burnham Street South Windsor, CT 06074 Attn: Provider Enrollment 860-289-0055
ENROLLMENT CONFIRMATION	Upon receipt of the Emdeon Dental Provider Enrollment Form, Emdeon will enter the provider's information into our systems and notify the provider or their software vendor when complete.
CONTACT PHONE NUMBERS	Pennsylvania Medicaid 717-772-6140 Emdeon Business Services 888-255-7293



PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **Pennsylvania Medicaid – payer ID CKPA1**

Provider/Organization Name: _____

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

Software Vendor: _____

Group Number: _____
(if applicable) *(Including the 4 digit location suffix)*

Group NPI: _____
(if applicable)

Name	Number	Rendering	NPI
_____	_____	_____	_____

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

I authorize Emdeon Dental to attach the above information to my Pennsylvania Medicaid claims.



Provider Signature

date