



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

WASHINGTON STATE MEDICAID (DSHS)  
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION

|   |   |
|---|---|
| PAYER ID NUMBER                                 | <b>CKWA1</b>  |
| ELECTRONIC REGISTRATIONS<br>Agreements Required | <p>Effective April 23, 2010 all Provider Enrollment Applications and updates must be completed through the ProviderOne system. This online system will replace the current paper enrollment process.</p> <p><b>Emdeon Business Services Provider Enrollment Form</b></p> <ul style="list-style-type: none"> <li>• Please complete all requested information.</li> </ul>   |
| SPECIAL NOTES                                   | <p>You can learn more about how to set up security and register in ProviderOne at the following DSHS website:<br/> <a href="http://maa.dshs.wa.gov/ProviderOne/Registration.htm">http://maa.dshs.wa.gov/ProviderOne/Registration.htm</a></p> <p>Emdeon Dental has registered with DSHS in the new ProviderOne system and received our submitter number. You will need this number when you register in ProviderOne to ensure DSHS knows your plan for us to submit and/or receive transactions on your behalf. Pages 96-104 of the <a href="#">ProviderOne Provider Registration and Security Administration Manual</a> show detailed step by step instructions pertaining to EDI submission and association of a Billing Agent/Clearinghouse.</p> <p>ProviderOne Name:<br/>       Emdeon Business Services, Inc dba Emdeon Dental</p> <p>ProviderOne Submitter ID: 1054092</p> |
| SEND REGISTRATION TO                            | Emdeon Business Services<br>220 Burnham Street<br>South Windsor, CT 06074<br>Attn: Provider Enrollment<br>Or<br>Fax to: 860-289-0055  |



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|                                    |  |
|------------------------------------|--|
| CHANGING ELECTRONIC BILLING AGENTS | 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. |
| CONTACT PHONE NUMBERS              | ProviderOne Helpdesk                      800-562-3022 option 2, then 4<br>Emdeon Dental    888-255-7293                             |



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Print/Type the following:

Insurance Carrier: **Washington State Medicaid (DHS) - payer ID CKWA1**

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 registered the above information within the ProviderOne system denoting Emdeon Dental, submitter ID 1054092, as my clearinghouse for batch claim transactions/reports.

Signature: \_\_\_\_\_

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