



emdeon™

business services

220 Burnham Street • South Windsor CT 06074

Vox 888-255-7293 • Fax 860-289-0055

**WEST VIRGINIA MEDICAID
DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	CKWV1
ELECTRONIC REGISTRATIONS Agreements Required	Emdeon Business Services Provider Enrollment Form <ul style="list-style-type: none">• Please complete all request information.
SEND REGISTRATION FORMS TO:	Please mail or fax forms to: Emdeon Business Services Attn: Provider Registration 220 Burnham Street South Windsor, CT 06074 Fax #: 860-289-0055
ENROLLMENT CONFIRMATION	Enrollment will be coordinated between Emdeon Business Services and Unisys. Once approval is received Emdeon will contact the provider or their software vendor.
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	WV Medicaid Provider Enrollment 888-483-0793 Emdeon Business Services 888- 255-7293



PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **West Virginia Medicaid – payer ID CKWV1**

Organization Name: _____

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

Software Vendor: _____

Group Provider Number: _____
(if applicable)

Group NPI: _____
(if applicable)

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

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Date: _____