



emdeon™
business services

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

**MISSOURI MEDICAID
ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	CKMO1
ELECTRONIC REGISTRATIONS Agreements Required	Emdeon Business Services Provider Enrollment Form § Please complete all requested information. § <u>Please attach a copy of your approval letter from Missouri Medicaid.</u>
SPECIAL NOTES	§ If a Provider has a Missouri Medicaid Provider Number and you are unsure if you are set up to bill electronically please call the Missouri Medicaid Help Desk at 573-635-3559 and ask if the provider is set up to submit electronically. You will need to have your provider number available. § If a Provider does not have a Missouri Medicaid Provider Number: please access the provider enrollment option at www.dss.mo.gov/DMS to apply for a Missouri Medicaid Provider Number.
SEND REGISTRATION FORMS TO:	Please mail the completed Emdeon Business Services Provider Enrollment Form <u>and a copy of your approval letter from Missouri Medicaid</u> to: Emdeon Business Services Attn: Provider Registration 220 Burnham Street South Windsor, CT 06074 Or fax to: 860-289-0055 (If applicable, mail your Missouri Medicaid Enrollment Questionnaire to Missouri Medicaid and not to Emdeon Business Services.)
ENROLLMENT CONFIRMATION	§ Emdeon Business Services will notify the provider's software vendor once it has been confirmed with Missouri Medicaid that the provider may submit claims electronically.



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CHANGING ELECTRONIC BILLING AGENTS	If a provider would like to submit claims electronically through Emdeon Business Services but currently submits through another Billing Agent the provider must complete the attached Emdeon Provider Enrollment form and contact the Enrollment Department at Emdeon Business Services prior to sending any claims				
CONTACT PHONE NUMBERS	<table> <tr> <td>Medicaid Provider Enrollment</td> <td>573-635-3559</td> </tr> <tr> <td>Emdeon Business Services</td> <td>888-255-7293</td> </tr> </table>	Medicaid Provider Enrollment	573-635-3559	Emdeon Business Services	888-255-7293
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Per Missouri Medicaid Provider Enrollment Unit, “Provider numbers are confidential and will not be faxed, emailed, given over the phone, or sent to an address other than the PROVIDER’S physical location. It is the PROVIDER’S responsibility to forward all billing information the appropriate personnel.” Therefore we ask that you send a copy of your approval letter with your Emdeon Business Services Provider Enrollment Form.

