



emdeon™

business services

220 Burnham Street • South Windsor CT 06074

Vox 888-255-7293 • Fax 860-289-0055

**WISCONSIN BLUE CROSS BLUE SHIELD
DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	CB950
ELECTRONIC REGISTRATIONS	Emdeon Business Services Provider Enrollment Form <ul style="list-style-type: none">• Please supply all requested information.
SEND REGISTRATION FORMS TO:	Emdeon Provider Services Attn: Provider Registration 220 Burnham Street South Windsor, CT 06074 Or fax to: (860) 289-0055
SPECIAL NOTES	<ul style="list-style-type: none">▪ Participating providers will be required to complete a credentialing packet.▪ Non participating providers will be required to submit a W-9 form.
ENROLLMENT CONFIRMATION	<ul style="list-style-type: none">▪ Once approval is received from Wisconsin Blue Cross Blue Shield, the Provider or their software vendor will be contacted.
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	Wisconsin BCBS Dental Services 888-209-7854 Emdeon Business Services 888-255-7293



PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **Wisconsin Blue Cross Blue Shield**

Provider/Organization Name: _____

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

Software Vendor: _____

Rendering Provider Name(s)

_____	_____
_____	_____
_____	_____
_____	_____

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Date: _____