

CDMI DELTA DENTALS
(MINNESOTA, NEBRASKA, NORTH DAKOTA & WYOMING)
PAPER AND ELECTRONIC REGISTRATION REQUIREMENTS

PAPER REGISTRATIONS

Agreements Required None required.

ELECTRONIC REGISTRATIONS

Agreements Required Provider must sign and return to the CDMI an original copy of the *EDI Enrollment* form.

Return the completed form to:
Delta Dental of Minnesota
7807 CreekrIDGE Circle
PO Box 330
Minneapolis, MN 55440

Delta Dental claims will continue to be printed and mailed to CDMI until confirmation has been received by CPS from CDMI.

Last Revision Date 8/28/96

CPS, Inc. 220 Burnham St., S. Windsor, CT 06074 · 860/289-6090

DELTA DENTAL/EDI ENROLLMENT FORM

TO : RON OPDAHL
PHONE : (612) 944-5252,X 406
FAX : (612) 944-4182

DELTA DENTAL OF MINNESOTA
7807 CREEKRIDGE CIRCLE
P.O. BOX 330
MINNEAPOLIS, MN 55440-0330

CLEARINGHOUSE/SOFTWARE VENDOR INFORMATION

DATE : August 29, 1996
FROM : Claims Processing Service, Inc.
VENDOR : (Clearinghouse) SOFTWARE USED : Proprietary
FAX : 860/289-0055

PROVIDER INFORMATION

CLINIC NAME : _____
PROVIDER NAME : _____
ADDRESS : _____
CITY/STATE/ZIP : _____
TELEPHONE : _____
TAX ID NUMBER : _____ LICENSE NUMBER : _____
CONTACT : _____ DELTA PAR PROV : YES ___ NO ___
MEDICAID PART : YES ___ NO ___ IF SO, WHAT STATE : _____