

DELTA DENTAL OF IOWA
PAPER AND ELECTRONIC REGISTRATION REQUIREMENTS

PAPER REGISTRATIONS

Agreements Required None required.

ELECTRONIC REGISTRATIONS

Agreements Required Provider must sign and return to CPS a copy of the *Delta Dental of Iowa/ISYS ECS Registration Form*. CPS will forward the registration form to Delta of Iowa/ISYS on the provider's behalf.

Fax or mail the completed form to:
Attn: Provider Registration
CPS, Inc.
220 Burnham Street
South Windsor, CT 06074-4128

Fax number is 860/289-0055.

Claims will continue to be printed and mailed to Delta Dental of Iowa by CPS until confirmation from Delta Dental of Iowa is received by CPS.

SPECIAL NOTES

ECS Provider
Re-Registrations

If currently submitting electronic claims through another clearinghouse, the provider must complete and fax to CPS a copy of the *ISYS ECS Registration Form*.

Last Revision Date 7/22/96

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

**DELTA DENTAL OF IOWA
ISYS ECS REGISTRATION FORM**

Practice Name _____

Provider Name _____

Street Address _____

City, State, Zip _____

Delta of Iowa
Provider ID Number _____

Enter your Delta of Iowa Provider ID above
Leave blank for non-par in-state providers
Enter "90705" for par out-of-state providers
Enter "90706" for non-par out-of state providers

Line of Business Delta of Iowa _____

Date _____

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