400 Vermillion Street ● Hastings, MN 55033
Ph 800-482-3518 ● Fax 651-389-9152

NEW MEXICO MEDICAID
DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION

PAYER ID NUMBER	**CKNM1**
ELECTRONIC REGISTRATIONS Agreements Required	**Change Healthcare Provider Enrollment Form** • Please complete all requested information.
SEND REGISTRATION FORMS TO	Electronic Dental Services 400 VermillionStreet Hastings, MN 55033 Attn: Provider Enrollment Or Email to: enrollment@edsedi.com Or Fax to: 651-389-9152
ENROLLMENT CONFIRMATION	EDS will notify the provider or their PMS vendor, as defined by the PMS vendor, when registration is complete.
CHANGING ELECTRONIC BILLING AGENTS	If the Provider currently submits claims through another Billing Agent other than Change Healthcare Dental each Provider must re-enroll following the procedures listed above.
CONTACT PHONE NUMBERS	BCB In-state New Mexico Providers 800-299-7304 Out-of-state Providers 505-246-0710

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PROVIDER ENROLLMENT FORM

Insurance Carrier: **New Mexico Medicaid - payer IDs CKNM1**

Print/Type the following:

Provider/Organization Name: ____

Tax Identification or Social Security Number: ________________________________

(Number that will be used to submit electronic claims)

Software Vendor: ____

Group Type 2 NPI: ____

(if applicable)

Rendering Provider Information

Name	NPI – Type 1
______________________	________________________
______________________	________________________
______________________	________________________
______________________	________________________

Address: ____

City, State, Zip Code: ____

Office Contact Name: ____

Telephone Number: ___________________ Fax Number: _________________

Date: ______________________________