



Patterson EagleSoft e Claims/Eligibility Enrollment Form

PLEASE COMPLETELY FILL OUT THE INFORMATION AND RETURN THIS SHEET TO PATTERSON EAGLESOFT

Patterson Technology Instructor: _____

SERVICE(S)

e Claims Eligibility/Claim Status

CLIENT INFORMATION

Client ID#: _____ Date: _____
 Contact Name: _____
 Practice Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email Address: _____

PRACTICE INFORMATION

¹ Site ID	² Provider Name <small>Please list everyone who is marked as a "provider on insurance" in the provider/staff screen</small>	³ Provider ID <small>Please indicate if this is a Tax ID number or Social Security number in the next box</small>	TAX ID or SS#
0001	<i>Dr. George Young</i>	12-123-1231	TIN

¹**Site ID:** To find the Site ID, go to List | Provider Staff | Highlight Dr.'s Name | Edit | Identification.

²**Provider Name:** Please provide the name(s) of dentist(s) who are providers on insurance. In no situation can hygienists be providers on insurance.

³**Provider ID:** Please provide the number under which you will be filing your claims. This number can be either your Tax ID number or Social Security number or both.

Electronic Claims & Eligibility Pricing Schedule:
 Per Electronic Claim 45¢ | Per Electronic Paper Claim 50¢ | Eligibility/Claim Status \$24.95 Per Month

Please review the above information for accuracy and either mail or fax the completed form to:

Patterson Technology Center
 Attn: e Business Department
 P.O. Box 1267
 Effingham, IL 62401
 Phone: 1.800.294.8504 Fax: 217.347.5965