



eClaims & Claims Status Dental Payer List Information

Payer List Includes (20 pgs): Commercial Payers
Blue Cross Blue Shield Payers
Delta Dental Payers
Medicaid Payers

Payer ID 06126: Use this eClaim payer id for those insurance companies that are not on the eClaim Payer List

Group Number Column: Y = the payer requires group number
N = the group number is optional

Enroll Column: This column indicates whether or not the payer requires enrollment
Y = Payer requires enrollment please do the following for these payers:
1. Within EagleSoft go to Online _ FAQ
2. Under the Search by Keyword field type 4400
3. Click on the eClaims Additional Enrollment Paperwork
N = No paperwork is required

Additional Information Column: This column includes important information specific to the insurance companies

Obtaining Current Payer Lists: Recommended every 2-3 months
1. Go to Online _ FAQ
2. Under the Search by Keyword field type 2453
3. Click on eClaims Payer List and Payer List Changes

Claims Status Inquiry: Additional feature within Eaglesoft used to quickly identify the status of any claim submitted electronically. These responses may contain information such as accepted, rejected, request for additional information and/or payment information. To utilize this feature do the following:
1. Go to Online _ Electronic Claims
2. Uncheck "Unsubmitted Elec" view and check "Open"
3. Highlight the claim you would like to check the status on
(Note: In order for this feature to work, the Claim must be sent electronically to our preferred clearinghouse)
4. Click the "Check Status" button

For any questions please contact eServices Support at 800.475.5036.



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St	Payer	ID	Group #	Enroll	Service	Additional Info
	21st Century Health and Benefits	59069	Y	N	Claims	
	21st Century Insurance and Financial Services	51028	Y	N	Claims	Electronic Payer ID for claims printed and mailed to payer.
	3P Admin	20413	Y	N	Claims	
	A & I Benefit Plan Administrators	93044	Y	N	Claims	
	A & I Benefit Plan Administrators	CX044	Y	N	Claims	
	AAG Benefit Plan Administrators, Inc.	75240	Y	N	Claims	
	AARP	AARP1	Y	N	Claims	AARP Claims with a mailing address of PO Box 2059, Mechanicsburg, PA
	Acceptius (Benefit Management Inc of MO (BMI)	43178	Y	N	Claims	
	Access Dental	CX097	Y	N	Claims	via Performance Health Technology
	AcClaims	64071	Y	N	Claims	
	ACS Benefit Services a.k.a. NCBCBS - DBS	61474	Y	N	Claims	
	ACS Benefit Services Inc.	72468	Y	N	Claims	f.k.a. ACS Consulting Services, Inc.
	Activa Benefit Services, LLC/Dental	38255	Y	N	Claims	(Formerly Amway Corporation/Dental)
	Adminstrative Services Only, Inc.	CX076	Y	N	Claims	Additional enrollment is not required by the payer, however, providers wishing to submit Claims electronically must be credentialed with the payer. Please ensure you have successfully process one paper Claims with the payer prior to submitting your first electronic Claims.
	Advantage Dental Plan, Inc.	93524	N	N	Claims	
	Advantek Benefit Administrators	83077	Y	N	Claims	
	Adventist Health System West - Roseville, CA	95340	Y	N	Claims	
	Aetna	60054	Y	N	Claims	
	Aetna	60054		N	Claim Status Inquiry	
	Aetna Affordable Health Choices (SM) - SRC	57604	Y	N	Claims	
	Affordable Benefits Admin.	95426	Y	N	Claims	
	AFLAC	58066	Y	N	Claims	
	AFLAC - NY Plan	52080	Y	N	Claims	This plan also shares the same mailing address as payer ID 58066 and the only difference between the plans is that the insured ID for the NY based plan begins with "PN" as "PNxxxxx" (followed by 6+ digits)
	Alaska Children's Services, Inc.	91136	Y	N	Claims	Please enter Group Number when submitting Claims.
	Alaska Electrical Health & Welfare Fund	92600	Y	N	Claims	
	Alaska Laborers Construction Industry Trust	91136	Y	N	Claims	Please enter Group Number when submitting Claims.
	Alaska Pipe Trades Local 375	91136	Y	N	Claims	Please enter Group Number when submitting Claims.
	Alaska United Food & Commercial Workers Health & Welfare Trust	91136	Y	N	Claims	Please enter Group Number when submitting Claims.
	Allen Medical Claims Administrator	CX016	Y	N	Claims	
	Allied Administrators (San Francisco, CA)	94177	Y	N	Claims	
	Allied Benefit Systems	37308	Y	N	Claims	
	Amalgamated Life - PA Alicare	13343	Y	N	Claims	
	American Administrators (West Des Moines, IA)	42112	Y	N	Claims	Please check the Insured ID card to verify the Payer ID before submitting claims. If you have questions, please contact Provider Relations at 800-456-4584.



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	American Administrators dba Select Benefit Administrators (West Des Moines, IA)	42137	Y	N	Claims	Please check the Insured ID card to verify the Payer ID before submitting claims. If you have questions, please contact Provider Relations at 800-456-4584.
	American Benefit Corporation	CX084	Y	N	Claims	Only limited plans may be sent electronically. Group name is required with one of the following plan names: Sheet Metal, Berekeley, Boone, Carpenter, Cabell, Clarksbur, Doodridge, Hancock, Harrison, Marion, Monongalia, Mingo, Mineral, Morgan, Nicholas, Putnam, Taylor, Tyler, Wetzel.
	American Benefits Management (North Canton, OH)	34187	N	N	Claims	
	American Medical Security	CX001	Y	N	Claims	A United Healthcare Payer
	American Postal Workers Union Health Plan	44444	Y	N	Claims	
	Americas TPA	41178	Y	N	Claims	
	Amerihealth Administrators	54763	Y	N	Claims	
	Ameritas Life Insurance Corp.	47009	Y	N	Claims	
	Ameritas Life Insurance Corp.	47009		N	Claim Status Inquiry	
	Amway Corporation	38255	Y	N	Claims	(Formerly Amway Corporation/Dental)
	Anchor Benefit	53085	Y	N	Claims	
	Antares Management Solutions	34192	N	N	Claims	
	APA Partners, Inc.	16140	Y	N	Claims	
	Arkansas Best Corporation - Choice Benefits	75278	Y	N	Claims	
	Ascent Benefits	CX072	Y	N	Claims	
	ASR Corporation	38265	Y	N	Claims	
	Association Benefit Plan	25133	Y	N	Claims	Formerly payer ID 62413. Now part of Coventry Consolidate payer ID. Including Combined Government Health Plan & Contract Health Insurance Plan.
	Assurant Employee Benefits	70408	Y	N	Claims	
	Assurant Health	39065	Y	N	Claims	f.k.a. Protective Life
	Assurant, Inc,	70408	Y	N	Claims	f.k.a. First Fortis Life Insurance
	Athens Area Health Plan Select	95691	Y	N	Claims	
	Atlantic Dental Inc. (ADI) - Commercial	CX085	Y	N	Claims	
	Automated Group Administration, Inc. (AGA)	37280	Y	N	Claims	
	Avesis	86098	Y	N	Claims	
	BCI Administrators, Inc.	49153	Y	N	Claims	
	Bell Atlantic	68241	Y	N	Claims	
	Bencomp National Corporation	33192	Y	N	Claims	
	BeneCare Dental Plans	23210	Y	N	Claims	
	Benefit Administrative Systems	36149	Y	N	Claims	
	Benefit Coordinators Corporation (Pittsburgh, PA)	25145	Y	N	Claims	Payer ID valid only for Claims with a submission address of 111 Ryan Court, Suite 300, Pittsburgh, PA 15205.
	Benefit Inc.	R7003		N	Claims	
	Benefit Management Services of MS	37212	Y	N	Claims	
	Benefit Management Services, Inc.	56139	Y	N	Claims	
	Benefit Management, Inc. of KS	48611	Y	N	Claims	
	Benefit Plan Administrators Co. (Eau Claire, WI)	39081	Y	N	Claims	Payer ID valid only for Claims with a billing submission address of P.O. Box 1128, Eau Claire, WI 54702-1128.



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	Benefit Plan Administrators_VA	37118	Y	N	Claims	
	Benefit Systems & Services, Inc. (BSSI)	36342	Y	N	Claims	
	Benesys, Inc.	58102	Y	N	Claims	
	Best Life & Health Insurance Co.	95604	Y	N	Claims	
	Better Health Plans of South Carolina	32006	Y	N	Claims	
	Blue Care Family Plan	GWD01	N	N	Claims	Administered by Golden West (Well point)
	Boilermakers National Health & Welfare Fund	36609	Y	N	Claims	
	Boon Chapman Benefit Administrators	74237	Y	N	Claims	
	Boulder Administration Services	20381	Y	N	Claims	
	Bridgeport LLC	CX028	Y	N	Claims	Provider ID numbers must be 9 digits and is generally the Providers SSN or TIN. The recipient's ID number is 8 digits in length. Maximum of 13 procedure lines per Claims. Pre-determination Claims cannot be sent electronically. Claims where Bridgeport LLC i
	Brokers National	CX032	Y	N	Claims	
	Broward Health	37314	Y	N	Claims	
	Butler Benefits	42150	Y	N	Claims	
	C. L. Frates	CX075	Y	N	Claims	
	Cadent Administrators	33192	Y	N	Claims	
	Cadent Underwriters	33192	Y	N	Claims	
	Capital Dental	CX037	Y	N	Claims	
	Capitol Administrators	68011	Y	N	Claims	
	Capitol Dental	CX095	Y	N	Claims	via Performance Health Technology
	Carolina Summit Healthcare	56195	Y	N	Claims	
	Carpenter's Health and Welfare Trust Fund of St. Louis	25125	Y	N	Claims	
	Caterpillar Inc.	37060	Y	N	Claims	A United Healthcare Payer
	CBCA Administrators	55438	Y	N	Claims	
	CBCA Administrators (HRM)	41170	Y	N	Claims	(Formerly Health Risk Management (HRM))
	CDH (Cigna Dental Health)	10050		N	Claim Status Inquiry	
	CDO Technologies	87065	Y	N	Claims	
	CDS Group Health	88022	Y	N	Claims	
	Cement Masons & Plasterers Health & Welfare Trust	91136	Y	N	Claims	
	Central Reserve Life	34097	Y	N	Claims	
	Central States Health and Welfare Fund	36215	Y	N	Claims	
	CHAMPVA - HAC	84147	Y	N	Claims	CHAMPVA - HAC is not associated with and does not process Claims for TRICARE (formerly CHAMPUS)
	Chesterfield Resources, Inc. (Uniontown, OH)	34154	Y	N	Claims	a.k.a. Salvation Army
	Children of Women Vietnam Veterans - VA HAC	84147	Y	N	Claims	
	Choice Plus (TRW)	68241	Y	N	Claims	
	Christian Brothers Services	61271	Y	N	Claims	
	Christian Brothers Services	61271		N	Claim Status Inquiry	
	CIGNA	62308	Y	N	Claims	
	CIGNA	62308		N	Claim Status Inquiry	
	CIGNA Voluntary	59225	Y	N	Claims	
	Citizens Security Life	CX071	Y	N	Claims	



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	Civil Service Employees Association (CSEA)	CX054	Y	N	Claims	Provider ID number required. Max of 50 procedure lines per Claims. ID number must be 5 characters in length, numbers 6 in length & ending with a '1' are accepted when '1' is removed. Numbers with leading zeros will have leading zeros omitted. ID numbers cannot contain a "-".
	Clarendon's Healthy Kids	33192	Y	N	Claims	
	Coastal Administrative Services	77052	Y	N	Claims	
	Community Claims Administration	26231	Y	N	Claims	
	Community Health Electronic Claims/CHEC/webTPA	75261	Y	N	Claims	
	Comp - Ohio (Austintown, OH)	34177	Y	N	Claims	
	Companion Life	77828	Y	Y	Claims	
	CompBenefits	CX021	Y	N	Claims	
	Comprehensive Benefits Administrator, Inc.	03036	Y	N	Claims	
	Connecticut Carpenters Health Fund	37307	Y	N	Claims	
	Connecticut General (CIGNA)	62308	Y	N	Claims	
	Consociate Dansig, Inc	37135	Y	N	Claims	
	Consolidated Group Dental	61305	Y	N	Claims	
	Cook Group Health Plan	35149	Y	N	Claims	
	Cooperative Benefit Administrators (CBA)	52132	Y	N	Claims	
	Core Management Resources Group	58231	Y	N	Claims	
	CoreSource AZ MN	41045	Y	N	Claims	Only for Claims where the "submit Claims to address" on the medical ID card is a CoreSource address in the states of Arizona or Minnesota. For assistance call 800-698-0106.
	CoreSource Little Rock	75136	Y	N	Claims	
	CoreSource MD PA IL	35182	Y	N	Claims	Only for Claims where the "submit Claims to address" on the medical ID card is a CoreSource address in the states of Maryland, Pennsylvania or Illinois. For assistance call 800-689-0106.
	CoreSource NC IN	35180	Y	N	Claims	Only for Claims where the "submit Claims to address" on the medical ID card is a CoreSource address in the states of North Carolina or Indiana. For assistance call 800-689-0106.
	CoreSource OH	35183	Y	N	Claims	
	CoreStar	41045	Y	N	Claims	Only for Claims where the "submit Claims to address" on the medical ID card is a CoreSource address in the states of Arizona or Minnesota. For assistance call 800-698-0106.
	Corporate Benefits Service, Inc. (NC)	56116	Y	N	Claims	
	Covenant Administrators, Inc. (Atlanta, GA)	58102	Y	N	Claims	
	Coventry Health Care	25133	Y	N	Claims	Coventry's consolidated payer ID. Claims for all of these legacy payer IDs may now be submitted to this payer ID. 87043 and 62413
	Coventry Health Care <i>National Network</i>	25133	Y	N	Claims	Formerly payer ID 87043. Now part of Coventry Consolidated payer ID.
	Coventry Health Care of Georgia	25148	Y	N	Claims	



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	Coventry Missouri	25133	Y	N	Claims	Formerly payer ID 87043. Now part of Coventry Consolidated payer ID.
	Creative Plan Administrators	37320	N	N	Claims	
	Crescent Dental - Meritain Health	CX074	Y	N	Claims	
	Custom Benefit Administrators	39170	Y	N	Claims	
	Custom Design Benefits Inc. of OH	82056	Y	N	Claims	
	CustomCare	68241	Y	N	Claims	
	Dart Management Corp.	06172	Y	N	Claims	
	DeCare Dental Health Insurance	7035	Y	N	Claims	
	deneX/SG	CX049	Y	N	Claims	
	Dental Benefit Providers	52133	Y	N	Claims	A United Healthcare Payer
	Dental Care Plus	CX035	Y	N	Claims	
	Dental Network	CX034	Y	N	Claims	
	DentalComp	CX017	Y	N	Claims	
	Deseret Mutual Benefit Administrators	CX089	Y	Y	Claims	
	DH Evans	CX065	Y	N	Claims	
	Diversified Administration Corporation	CX040	Y	N	Claims	
	EBC, Inc.	37257	N	N	Claims	Payer Id valid only for Claims with a billing submission address of Employee Benefit Consultants, located in Broadview Hts, OH, Appleton, WI, Albuquerque, NM, Findlay, OH, Louisville, KY and Milwaukee, WI
	EBMC	CX025	Y	N	Claims	
	EBMS (Employee Benefit Management Services, Inc.)	81039	Y	N	Claims	
	EBS Benefit Solutions	CX043	N	N	Claims	
	EHI	73288	Y	N	Claims	
	EMIA (Educators Mutual Insurance Assoc)	CX079	y	N	Claims	Prior to accepting claims electronically EMIA requires the provider to call 801-262-7476 or 800-662-5850. Providers should advise EMIA that they will be submitting their claims through Emdeon Business Services, Inc. UHIN submitter ID HT000214-001.
	EMPHESYS	73288	Y	N	Claims	
	Employee Benefit Administrators	CX012	Y	N	Claims	
	Employee Benefit Concepts (Farmington Hills, MI)	38241	Y	N	Claims	
	Employee Benefit Consultants	37257	N	N	Claims	Payer Id valid only for Claims with a billing submission address of Employee Benefit Consultants, located in Broadview Hts, OH, Appleton, WI, Albuquerque, NM, Findlay, OH, Louisville, KY and Milwaukee, WI
	Employee Benefit Management Corp (EBMC)	CX025	Y	N	Claims	
	Employee Benefit Services of Louisiana, Inc (EBS)	41198	Y	N	Claims	
	Employee Benefits Plan Administration, Inc. (E.B.P.A.)	03036	Y	N	Claims	
	Employee Group Services	CX022	Y	N	Claims	
	Employee Plans, LLC	35112	Y	N	Claims	
	Employer Plan Services, Inc.	CX031	Y	N	Claims	
	Employers Direct Health	75232	Y	N	Claims	
	Employers Health	73288	Y	N	Claims	



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	Employers Health Insurance	73288	Y	N	Claims	
	Employers Mutual, Inc.	59297	Y	N	Claims	
	Enstar Natural Gas	91136	Y	N	Claims	
	EQUICOR	62308	Y	N	Claims	
	Equitable Plan Services (Oklahoma City, OK)	73126	Y	N	Claims	Payer ID valid only for Claims with a billing submission address of P.O. Box 720460, Oklahoma City, OK 73172.
	ES Beveridge and Associates	34108	Y	N	Claims	
	Essex Dental Benefits	43168	Y	N	Claims	
	E-V Benefits Management, Inc (Columbus, OH)	34159	Y	N	Claims	
	ExclusiCare	71412	Y	N	Claims	
	Family Dental	CX096	Y	N	Claims	via Performance Health Technology
	Federated Mutual Insurance	41041	Y	N	Claims	
	First Ameritas Life Insurance Corporation of New York	72630	Y	N	Claims	
	First Ameritas Life Insurance Corporation of New York	72630		N	Claim Status Inquiry	
	First Care/Southwest Life & Health	CX050	Y	N	Claims	
	First Continental Life & Accident Insurance	CX090	Y	N	Claims	
	First Dental Health of CA	CX086	Y	N	Claims	
	First Reliance Standard Life Ins. Co. (NY Business)	13317	Y	N	Claims	
	First Reliance Standard Life Ins. Co. (NY Business)	13317		N	Claim Status Inquiry	
	Fitzharris & Company, Inc.	11244	Y	N	Claims	
	Flex Compensation	R7004	Y	N	Claims	
	FlexCare	68241	Y	N	Claims	
	Florida Power & Light	68241	Y	N	Claims	
	FMH Benefit Services, Inc.	48117	Y	N	Claims	
	Foreign Service Benefit Plan	25133	Y	N	Claims	Formerly payer ID 62413. Now part of Coventry Consolidated payer ID. Including AFSPA Staff Plan.
	Formula Card Dental	LX050	Y	N	Claims	
	Foundation Benefit Admin (FBA) - Boon Group	BOONG	Y	N	Claims	
	Fox Everett, Inc.	64069	Y	N	Claims	
	Fraternal Order of Police - Dental Division (Philadelphia, PA)	CX041	N	N	Claims	
	Fringe Benefit Management	59069	Y	N	Claims	
	Gerber Life Insurance Company - Student Insurance	74227	Y	N	Claims	A United Healthcare Payer. Payer ID only valid if the P.O. Box on the Health ID Card matches one of the following P.O. Boxes: P.O. Box 890025, 809067, 809079, 809066, 809036, 809081, 809027 Dallas, Tx 75380-9025.
	Gettysburg	CX064	Y	N	Claims	
	GHI - New York (Group Health Inc.)	13551	Y	N	Claims	
	GIC Indemnity Plan	80314	Y	N	Claims	
	Gilsbar, Inc.	07205	Y	N	Claims	
	Golden West Dental	GWD01	N	N	Claims	
	Government Employees Hospital Association (GEHA)	44054	Y	N	Claims	
	Government Employees Hospital Association (GEHA)	44054		N	Claim Status Inquiry	
	Great-West Healthcare	63665	Y	N	Claims	f.k.a. General American



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	Great-West Healthcare	63665		N	Claim Status Inquiry	
	Great-West Healthcare	80705	Y	N	Claims	
	Great-West Healthcare	80705		N	Claim Status Inquiry	
	Group Administrators Ltd.	36338	Y	N	Claims	
	Group and Pension Administrators	48143	Y	N	Claims	
	Group Benefit Services	CX011	Y	N	Claims	
	Group Dental Services	CX036	Y	N	Claims	
	Group Insurance Service Center, Inc	37276	Y	N	Claims	
	Group Link of Indiana	CX015	Y	N	Claims	
	Guaranty (DINA)	CX090	Y	N	Claims	
	Guardian Life Insurance Company of America	64246	Y	N	Claims	
	H & A Administrators	LX059	Y	N	Claims	
	Harvard Pilgrim Health Care (HPHC) - Student Insurance	74227	Y	N	Claims	A United Healthcare Payer. Payer ID only valid if the P.O. Box on the Health ID Card matches one of the following P.O. Boxes: P.O. Box 890025, 809067, 809079, 809066, 809036, 809081, 809027 Dallas, Tx 75380-9025.
	HCS - Health Claims Service (Boise, ID)	82018	Y	N	Claims	
	Health Choice Arizona	62179	Y	N	Claims	
	Health Economics Group, Inc.	CX039	N	N	Claims	
	Health Future LLC	30946	Y	N	Claims	
	Health Network America	20199	Y	N	Claims	
	Health Partners - Jackson, TN	62157	Y	N	Claims	
	Health Partners of Minnesota - Commercial	CX009	Y	N	Claims	
	Health Plan Services	59140	Y	N	Claims	
	Health Plans Inc.	CX055	Y	N	Claims	
	Health Resources Incorporated (HRI)	CX019	Y	N	Claims	
	Health Risk Management	41170	Y	N	Claims	[Formerly Health Risk Management (HRM)]
	Healthcare Management Administrators, Inc.	HMA01	Y	N	Claims	The insured ID number is required. Maximum of 25 procedure lines per Claims. Secondary Claims cannot be sent electronically. Claims remarks exceeding 80 bytes in length cannot be sent electronically.
	Healthcomp, Inc.	85729	Y	N	Claims	
	Healthfirst of Austin	75289	Y	N	Claims	
	Healthplex, Inc.	11271	Y	N	Claims	
	HealthSCOPE Benefits, Inc.(Formerly CNA Health Partners of Arkansas)	71063	Y	N	Claims	
	HealthSmart Benefit Solutions	37283	Y	N	Claims	
	Healthsource Provident	62308	Y	N	Claims	Claims are edited under CIGNA's payer specific edits, Payer ID 62308.
	Hometown Health Plans Nevada	88023	Y	N	Claims	
	Hoosier Dental (in Indianapolis, Indiana)	CX015	Y	N	Claims	
	Hotel Employees & Restaurant Employees Health Trust	91136	Y	N	Claims	
	HRM Claims Management	41170	Y	N	Claims	[Formerly Health Risk Management (HRM)]
	Humana	73288	Y	N	Claims	
	I. E. Shaffer (West Trenton, NJ)	22175	Y	N	Claims	
	Indiana Teamsters Health Benefits Fund (Indianapolis, IN)	35107	Y	N	Claims	Formerly known as Local 135 Health Benefits Fund (Indianapolis, IN)
	Insurance Design Administrators	13315	Y	N	Claims	



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	Insurers Administrative Corp.	86304	Y	N	Claims	Please visit website prior to submitting Claims: edihelp.iacusa.com
	Integra Administrative Group (Seaford, DE)	51020	Y	N	Claims	Payer ID valid only for Claims with a billing submission address of 110 S. Shipley Street, Seaford, DE 19973.
	International Brotherhood of Boilermakers	36609	Y	N	Claims	
	John Alden Life Insurance Co.	41099	Y	N	Claims	
	John Morrell Company - AHBPA	38310	Y	N	Claims	
	JP Farley Corporation	34136	Y	N	Claims	Payer ID valid only for Claims with a billing submission address of PO Box 458022, Westlake, OH 44145
	Kaiser Permanente Dental Choice	CX073	Y	N	Claims	Payer ID valid only for claims with a billing submission address of PO Box 4360 Rockville, MD
	Kanawha Insurance Co.	57038	Y	N	Claims	
	Kansas City Life	CX058	N	N	Claims	
	Kempton Company	73100	Y	N	Claims	
	Kempton Group Administrators	73100	Y	N	Claims	
	LBA Healthplans	52193	Y	N	Claims	
	Liberty Dental Plan	CX083	Y	N	Claims	
	Life Insurance Company of Boston & New York	78140	Y	N	Claims	
	Lifewise Health Plan of Oregon	93093	Y	N	Claims	
	Lincoln Financial Group	CX061	Y	N	Claims	f.k.a. Jefferson Pilot
	Lincoln National (WI)	73288	Y	N	Claims	
	Line Construction Benefit Fund	LCB01	Y	N	Claims	
	Local 135 Health Benefits Fund (Indianapolis, IN)	35107	Y	N	Claims	
	Lovelace Sandia Health Plan	90328	Y	N	Claims	
	Machigonne Benefit Administrators	10317	Y	N	Claims	Please include the rendering provider information or the name of the dentist in RTE6. Payer will reject the Claims without this information.
	Mail Handlers Benefit Plan	25133	Y	N	Claims	Formerly payer ID 62413. Now part of Coventry Consolidated payer ID. Including AFSPA Staff Plan.
	MAMSI	CX033	N	N	Claims	
	Manulife W. J. Sutton Company	98010	Y	N	Claims	
	Marsh Advantage	CX023	Y	N	Claims	
	Masonry Institute/Administrative D.C. No. 1 Welfare Fund	CX098	Y	N	Claims	
	MBA Benefit Administrators, Inc. (Salt Lake City, UT)	87065	Y	N	Claims	
	MBA of Wyoming (Worland, WY)	87065	Y	N	Claims	
	MBS	56205	Y	N	Claims	Formerly MedCost Benefit Services.
	MCNA DENTAL	65030	Y	N	Claims	
	MedBen (Newark, OH)	74323	Y	N	Claims	
	MEDICA of Minnesota	CX026	Y	N	Claims	
	Medical Benefit Administrators	CX024	Y	N	Claims	
	Medical Benefits Mutual (Neward, OH)	74323	Y	N	Claims	
	Medical Mutual of Ohio (MMO)	29076	Y	N	Claims	
	Medical Mutual of Ohio (MMO)	29076		N	Claim Status Inquiry	
	Medical Mutual of Ohio (MMO)	CB833	Y	N	Claims	
	Medical Mutual of Ohio (MMO)	CB833		N	Claim Status Inquiry	
	Medical Network of Colorado Springs	84600	Y	N	Claims	
	Mercer Administrators	CX023	Y	N	Claims	



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	Meritain Health Minneapolis	41124	Y	N	Claims	
	Methodist First Choice	23550	Y	N	Claims	
	MetLife	65978	Y	N	Claims	(formerly Travelers)
	MetLife	65978		N	Claim Status Inquiry	
	Michigan Regional Council of Carpenters Employees Benefit Plan (Troy, MI)	38238	Y	N	Claims	
	Mid-America Associates, Inc.	37281	Y	N	Claims	
	Midwest Dental Benefits	41101	Y	N	Claims	
	Mid-West National Life Insurance Co. of Tennessee - Student Instuance	74227	Y	N	Claims	A United Healthcare Payer. Payer ID only valid if the P.O. Box on the Health ID Card matches one of the following P.O. Boxes: P.O. Box 890025, 809067, 809079, 809066, 809036, 809081, 809027 Dallas, Tx 75380-9025.
	Mississippi Select Health Care	64088	Y	N	Claims	
	Missoula County Medical Benefits Plan	37275	Y	N	Claims	
	MN Power	R7005		N	Claims	
	Morris Associates	35092	Y	N	Claims	
	Motorola	36111	Y	N	Claims	
	Mountain States Administrative Services (Tucson, AZ)	86040	Y	N	Claims	
	MPEEBT/ MPE Services, Inc.	37233	Y	N	Claims	
	Mutual of Omaha Commercial	CX087	Y	N	Claims	
	Mutual of Omaha Insurance Company	71412	Y	N	Claims	
	Mutually Preferred	71412	Y	N	Claims	
	N.W. Int Assoc of Machinists & Aerospace Eng Benefits Trust Dental Progam	91136	Y	N	Claims	Please enter Group Number when submitting Claims.
	N.W. Ironworkers Health & Security Trust Fund	91136	Y	N	Claims	Please enter Group Number when submitting Claims.
	N.W. Roofers & Employers Health & Security Trust Fund	91136	Y	N	Claims	Please enter Group Number when submitting Claims.
	N.W. Textile Processors	91136	Y	N	Claims	Please enter Group Number when submitting Claims.
	NAA (North America Administrators, L.P.) (Nashville, TN)	65085	Y	N	Claims	
	NABN (Cleveland, OH)	34159	Y	N	Claims	Payer ID valid only for Claims with billing submission address of P.O. Box 94928, Cleveland, OH 44101-4928 or P.O. Box 89476, Cleveland, OH 44101-5476.
	National Benefit Administrators - New Jersey	56175	N	N	Claims	
	National Benefit Administrators - North Carolina	56176	Y	N	Claims	
	National Elevator Industry Benefit Plan (NEIB)	CX045	Y	N	Claims	
	National Pacific of TX (NCFLEX)	CX057	Y	N	Claims	A United Healthcare Payer
	National Rural Letter Carrier Association	71412	Y	N	Claims	
	National Telecommunications Cooperative Association	52120	Y	N	Claims	
	Nationwide Health Plans	31417	Y	N	Claims	
	NCAS - Charlotte	75191	Y	N	Claims	
	NCAS - Fairfax, VA	75190	Y	N	Claims	
	NCBCBS - DBS a.k.a. ACS Benefit Services	61474	Y	N	Claims	
	Netcare Life and Health Insurance (NLH)	66055	Y	N	Claims	
	New England Dental Administrators	43351	Y	N	Claims	
	NGS AMERICAN	38225	Y	N	Claims	
	Nippon Life Insurance Company of America	81264	Y	N	Claims	



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St	Payer	ID	Group #	Enroll	Service	Additional Info
	Nippon Life Insurance Company of America	81264		N	Claim Status Inquiry	
	North American Benefits Network ((Cleveland, OH)	34159	Y	N	Claims	Payer ID valid only for Claims with billing submission address of P.O. Box 94928, Cleveland, OH 44101-4928 or P.O. Box 89476, Cleveland, OH 44101-5476.
	North Broward Hospital District	37314	Y	N	Claims	
	Northern Illinois Health Plan	36347	Y	N	Claims	
	Northern Minnesota Dental	LX062	Y	N	Claims	
	Northern Nevada Trust Fund	88027	Y	N	Claims	Please call (775) 826-7200 to verify if you should be sending claims to Northern Nevada Trust Fund.
	NorthShore University Health System Medical Group	36364	Y	N	Claims	
	Northwest Dental Services	93525	N	N	Claims	
	Northwest Suburban IPA	36346	Y	N	Claims	
	Nova Healthcare Administrators, Inc. (Grand Island, NY)	16644	Y	N	Claims	
	Nyhart	37299	Y	N	Claims	
	OK State Employees & Educators (EDS)	22521	Y	N	Claims	
	Operating Engineers Locals 302 & 612 Health & Security Fund	91136	Y	N	Claims	Please enter Group Number when submitting Claims.
	P5 Health Plan Solutions	87068	Y	N	Claims	
	PA Faculty Health & Welfare	CX066	Y	N	Claims	
	Pacific Union	CX056	Y	N	Claims	A United Healthcare Payer
	Pacificare Dental and Vision HMO	CX060	Y	N	Claims	A United Healthcare Payer
	Pacificare Dental and Vision PPO	CX053	Y	N	Claims	A United Healthcare Payer
	PacificSource Administrators	93031	Y	N	Claims	a.k.a. Select Benefit Administrators
	PacificSource Health Plans	93029	Y	N	Claims	
	Paragon Benefits	58174	Y	N	Claims	
	Pasport Health Plan	CX091	Y	N	Claims	
	Patient Advocates, LLC	10525	Y	N	Claims	
	PDO	68241	Y	N	Claims	
	PEHP (Public Employees Health Program)	CX080	Y	<u>Y</u>	Claims	Prior to accepting claims electronically PEHP requires the provider to call EDI Support at 801-366-7544 or 800-753-7818. Providers should advise PEHP that they will be submitting their claims through Emdeon Business Services, Inc UHIN submitter ID HT000158-001.
	Pequot Pharmaceutical	37121	Y	N	Claims	
	Personal Insurance Administrators, Inc	95397	Y	N	Claims	
	Physicians Care Network	36345	Y	N	Claims	
	Physicians Health Associates of Illinois	37136	Y	N	Claims	
	Physicians Health Plan of Northern Indiana, Inc.	12399	Y	N	Claims	
	Physicians Mutual	CX068	Y	N	Claims	
	Pinnacle Claims Management, Inc.	24735	Y	N	Claims	
	Pittman & Associates	37224	Y	N	Claims	
	Planned Administrators, Inc.	37287	Y	N	Claims	
	Poly America Medical & Dental Benefits Plan	32680	Y	N	Claims	
	POMCO	16111	Y	N	Claims	
	Prairie States Enterprises, Inc.	36373	Y	N	Claims	
	Preferred Dental Organization	68241	Y	N	Claims	
	Preferred Health Professionals	31478	Y	N	Claims	a.k.a. Freedom Network Dental
	Preferred One	41147	Y	N	Claims	



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	Premier Access Insurance Company	CX078	Y	N	Claims	
	Premier Dental Plan of MN	CX029	Y	N	Claims	
	Primary PhysicianCare, Inc.	56144	Y	N	Claims	
	PrimeWest Health	LX049	Y	N	Claims	
	Principal Financial Group	61271	Y	N	Claims	
	Principal Financial Group	61271		N	Claim Status Inquiry	
	Principal Life Insurance Co.	61271	Y	N	Claims	
	Principal Life Insurance Co.	61271		N	Claim Status Inquiry	
	Priority Health	38217	Y	N	Claims	
	Professional Benefit Administrators, Inc. (Oak Brook, IL)	36331	Y	N	Claims	Payer ID is valid only for Claims with billing submission name, city, and state of Professional Benefit Administrators, Inc., Oak Brook, IL.
	Provident Life	62308	Y	N	Claims	Claims are edited under CIGNA's payer specific edits, Payer ID 62308.
	Prudential for Health	68241	Y	N	Claims	
	Prudential HealthCare & Life Ins. Co of America	68241	Y	N	Claims	
	Prudential HealthCare Health Maintenance Organization	68241	Y	N	Claims	
	Prudential HealthCare HMO for Small Business	68241	Y	N	Claims	
	Prudential Healthcare of America Inc.	68241	Y	N	Claims	
	Prudential HealthCare POS for Small Business	68241	Y	N	Claims	
	Prudential HealthCare PPO for Small Business	68241	Y	N	Claims	
	Puget Sound Benefits Trust	91136	Y	N	Claims	Please enter Group Number when submitting Claims.
	Puget Sound Electrical Workers Trust	91136	Y	N	Claims	Please enter Group Number when submitting Claims.
	Quad Med LLC (Pewaukee, WI)	39197	Y	N	Claims	
	Quality Plan Administrators Inc	CX077	Y	N	Claims	
	RBMS, LLC	91176	Y	N	Claims	
	Regency Employee Benefits	38221	Y	N	Claims	
	Regional Care, Inc.	47076	Y	N	Claims	
	Reliance Standard Life Ins. Co.	36088	Y	N	Claims	
	Reliance Standard Life Ins. Co.	36088		N	Claim Status Inquiry	
	Reliastar	80314	Y	N	Claims	
	ReliaStar (now known as CoreStar formerly NW National Life)	41045	Y	N	Claims	Only for Claims where the "submit Claims to address" on the medical ID card is a CoreSource address in the states of Arizona or Minnesota. For assistance call 800-698-0106.
	Renaissance Life and Health	RLHA1	Y	N	Claims	
	Riverside San Bernardino County Indian Health Inc.	50664	Y	N	Claims	
	RMSCO, INC.	16117	Y	N	Claims	
	Rochester Public Schools	41625	Y	N	Claims	
	Rocky Mountain Life Dental	84102	Y	N	Claims	
	Rural Carrier Benefit Plan	25133	Y	N	Claims	Formerly payer ID 62413. Now part of Coventry Consolidated payer ID. Including NRLCA Staff Plan.
	S&S Health Strategies	31441	Y	N	Claims	
	Safeguard HMO	CX048	N	N	Claims	
	SafeGuard PPO	CX030	Y	N	Claims	



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	Sage Technologies	37105	Y	N	Claims	f.k.a. Cannon Cochran Management Services, Inc. Claims with a mailing address of PO Box 17009, Rockford, IL ONLY may be sent electronically with this payer ID.
	Sage Technologies - PBS	37137	Y	N	Claims	f.k.a. Progressive Benefit Services, Inc. Claims with a mailing address of PO Box 4419, Rockford, IL ONLY may be sent electronically with this payer ID.
	Salvation Army	34154	Y	N	Claims	a.k.a. Chesterfield Resource, Inc.
	SAMBA	37259	Y	N	Claims	
	Sanford Health Plan	91184	Y	N	Claims	
	Scan Health Plan Arizona	73172	N	N	Claims	
	Scan Long Term Care	20460	Y	N	Claims	
	Seabury & Smith	CX023	Y	N	Claims	
	Secure Health Plan of GA	28530	Y	N	Claims	
	SecureCare Dental	86057	Y	N	Claims	
	Securion	93842		N	Claims	
	Security Life Insurance Co of America	CX092	Y	N	Claims	
	SeeChange Health	77024	Y	N	Claims	
	Select Administrative Services (SAS)	64088	Y	N	Claims	
	Select Benefit Administrators	93031	Y	N	Claims	a.k.a. PacificSource Administrators
	Select Health	CX107	Y	N	Claims	
	SelectCare (Coca Cola)	68241	Y	N	Claims	
	Self Insured Benefit Administrators (Clearwater, FL)	59111	Y	N	Claims	Payer ID valid only for Claims with a submission address of 18167 US Highway 19 North, Suite 300, Clearwater, FL 33764.
	Self Insured Services Company (SISCO)	CX020	Y	N	Claims	
	Self-Funded Plans, Inc.	34131	Y	N	Claims	
	Self-Insured Dental Services (SIDS)	CX076	Y	N	Claims	Additional enrollment is not required by the payer, however, providers wishing to submit Claims electronically must be credentialed with the payer. Please ensure you have successfully process one paper Claims with the payer prior to submitting your first electronic Claims.
	Self-Insured Plans, LLC	36404	Y	N	Claims	
	Sentry Life Insurance Company	39033	Y	N	Claims	
	Serentas Dental Care Solutions	CX038	Y	N	Claims	
	Set Seg	38610	Y	N	Claims	
	Sheffield, Olson and McQueen	41143	Y	N	Claims	
	Shenandoah Life Insurance	CX067	Y	N	Claims	
	Sierra Health Services	76342	Y	N	Claims	A United Healthcare Payer
	Significa Benefits Services, Inc.	CX046	Y	N	Claims	f.k.a. Erin Group Admin.
	Sinclair Health Plan	84076	Y	N	Claims	
	Solstice Benefits, Inc.	76578	Y	N	Claims	
	South Central Preferred - PPO York, PA (I H S Gateway Payer)	23266	Y	N	Claims	
	South FL Community Care Network - NBHD	37314	Y	N	Claims	
	South Point Hotel & Casino	35227	Y	N	Claims	
	Southern Benefit Services	37318	Y	N	Claims	
	SouthWest Benefits	CX051	N	N	Claims	
	Southwest Service Administrators	CX100	Y	N	Claims	



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	Southwestern Bell	68241	Y	N	Claims	
	Southwestern Bell Exec	68241	Y	N	Claims	
	Southwestern Bell Exec. - Custom Care	68241	Y	N	Claims	
	Southwestern Bell Exec. - Southwestern Bell	68241	Y	N	Claims	
	Spina Bifida - VA HAC	84147	Y	N	Claims	
	St. Therese Physician Association	37116	Y	N	Claims	
	Standard Ins. Co. (OR Business)	93024	Y	N	Claims	
	Standard Ins. Co. (OR Business)	93024		N	Claim Status Inquiry	
	Standard Insurance Company (NY)	13411	Y	N	Claims	
	Standard Insurance Company (NY)	13411		N	Claim Status Inquiry	
	Star Health	CX090	Y	N	Claims	
	StarDent	CX090	Y	N	Claims	
	State Auto	46450	Y	N	Claims	
	State of Texas Dental Plan	57254	Y	N	Claims	
	Stoner and Associates (Cincinnati, OH)	31121	Y	N	Claims	
	Sun Life and Health Insurance Company (U.S.) (formerly GEGLAC)	67814	Y	N	Claims	f.k.a Genworth Life and Health Insurance Company (GLHIC) (Formerly GEGLAC)
	Superior Dental Care	31117	Y	N	Claims	
	Tall Tree Administrators	88067	Y	N	Claims	
	TDC	73288	Y	N	Claims	
	Texas CHIP Dental Services	CPPTX	Y	<u>Y</u>	Claims	Providers wishing to submit Claims electronically must be credentialed and register for EDI. Providers should call the Texas CHIP Provider Call Center at 866-561-5891.
	The Chesapeake Life Insurance Company - Student Insurance	74227	Y	N	Claims	A United Healthcare Payer. Payer ID only valid if the P.O. Box on the Health ID Card matches one of the following P.O. Boxes: P.O. Box 890025, 809067, 809079, 809066, 809036, 809081, 809027 Dallas, Tx 75380-9025.
	The Dental Companies	73288	Y	N	Claims	
	The Dental Concern	73288	Y	N	Claims	
	The Loomis Company - TPA Wyomissing, PA (IHS Gateway Payer)	23223	Y	N	Claims	
	The MEGA Life & Health Insurance Company - Insurance Center	59226	Y	N	Claims	
	The MEGA Life & Health Insurance Company - Student Insurance	74227	Y	N	Claims	A United Healthcare Payer. Payer ID only valid if the P.O. Box on the Health ID Card matches one of the following P.O. Boxes: P.O. Box 890025, 809067, 809079, 809066, 809036, 809081, 809027 Dallas, Tx 75380-9025.
	The Physicians Assurance Corp (TPAC) /Employee Benefit Management Corp (EBMC)	CX025	Y	N	Claims	
	The Union Labor Life Insurance Company	13142	Y	N	Claims	Payer ID valid for Claims with a submission address of P.O. Box 61593, King of Prussia, PA 19406.
	Three Rivers Health Plans, Inc	25175	Y	<u>Y</u>	Claims	Now known as Unison Health Plan
	Time Insurance Company	39065	Y	N	Claims	f.k.a. Fortis Insurance Company
	Tower Life Insurance Co.	69493	Y	N	Claims	
	TPAC/Employee Benefit Management Corp	CX025	Y	N	Claims	
	TR Paul, Inc.	37230	Y	N	Claims	
	TransSmile	CX069	Y	N	Claims	Administered by Arkansas Delta Dental
	Travelers (now MetLife)	65978	Y	N	Claims	

For an updated payer list, please visit our website at www.eaglesoft.net



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	Trusteed Plans Service Corporation	91078	Y	N	Claims	
	Trustmark Insurance Company	61425	Y	N	Claims	
	Trustmark Insurance Company	61425		N	Claim Status Inquiry	
	UMR - Cincinnati	33108	Y	N	Claims	f.k.a. United Medical Resources
	UMR - Harrington	75196	Y	N	Claims	f.k.a. Harrington Benefit Services (Westerville)
	UMR - Harrington	95266	Y	N	Claims	f.k.a. Harrington Benefit Services (Columbus)
	UMR - Lexington	37237	Y	N	Claims	f.k.a. Commonwealth Administrative Group
	UMR - Onalaska	79480	Y	N	Claims	f.k.a. Midwest Security of WI
	UMR - San Antonio	74223	Y	N	Claims	f.k.a. Benefit Planners Inc., UICI Administrators - State of Nevada
	UMR - Wausau/UHIS	39026	Y	N	Claims	f.k.a. Fiserv Health - Wausau Benefits/Benesight, Employers Insurance of Wisconsin
	UNICARE	80314	Y	N	Claims	
	Unified Group Services	35198	Y	N	Claims	
	Uniform Medical Plan	75243	Y	N	Claims	f.k.a. Uniform Medical Plan / Harrington Benefit Services
	Union Security Insurance Company	70408	Y	N	Claims	f.k.a. Fortis Benefits Insurance Company
	Unison Health Plan/Three Rivers	25175	Y	<u>Y</u>	Claims	
	United Concordia - Fee for Service	CX007	Y	<u>Y</u>	Claims	
	United Concordia - Fee for Service	CX007		N	Claim Status Inquiry	
	United Concordia (Tricare Dental Plan)	CX002	Y	<u>Y</u>	Claims	
	United Concordia (Tricare Dental Plan)	CX002		N	Claim Status Inquiry	
	United Concordia Dental Plus	CX013	Y	<u>Y</u>	Claims	
	United Concordia Dental Plus	CX013		N	Claim Status Inquiry	
	United HealthCare Insurance Company - Student Insurance	74227	Y	N	Claims	A United Healthcare Payer. Payer ID only valid if the P.O. Box on the Health ID Card matches one of the following P.O. Boxes: P.O. Box 890025, 809067, 809079, 809066, 809036, 809081, 809027 Dallas, Tx 75380-9025.
	United HealthCare Insurance Company of New York - Student Insurance	74227	Y	N	Claims	A United Healthcare Payer. Payer ID only valid if the P.O. Box on the Health ID Card matches one of the following P.O. Boxes: P.O. Box 890025, 809067, 809079, 809066, 809036, 809081, 809027 Dallas, Tx 75380-9025.
	United Healthcare of River Valley	95378	Y	N	Claims	A United Healthcare Payer
	United Medical Alliance	84132	Y	N	Claims	
	United of Omaha	71412	Y	N	Claims	
	United Security Life & Health Ins Co	36362	Y	N	Claims	
	United States Life Insurance Company	13545	Y	N	Claims	f.k.a. American General
	Unity Health Insurance Corp	66705	Y	N	Claims	Only claims for Oral Surgery, TMJ or Accidents can be sent electronically to this payer ID.
	University of Missouri	25133	Y	N	Claims	Formerly payer ID 87043. Now part of Coventry Consolidated payer ID.
	Upper Peninsula Health Group (TPA)	37324	Y	N	Claims	
	VA Fee Basis Programs	12116	Y	N	Claims	
	Varian Health Care Plan	68241	Y	N	Claims	
	Verity National Group	75256	Y	N	Claims	
	Volusia Health Network	59266	Y	N	Claims	



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	Washington Employers Trust	37294	Y	N	Claims	
	Washington State Council of County & City Employees Dental Trust	91136	Y	N	Claims	Please enter Group Number when submitting Claims.
	Waterstone Benefit Administrators	73155	Y	N	Claims	
	Web TPA, Inc of TX	59332	Y	N	Claims	
	webTPA/Community Health Electronic Claims/CHEC	75261	Y	N	Claims	
	Wells Fargo Third Party Administrators (f.k.a. JSL Administrators)	37272	Y	N	Claims	
	Wells Fargo Third Party Administrators, Inc (Charleston, WV)	87815	Y	N	Claims	f.k.a. Acordia National
	Western Grower's Assurance Trust	24735	Y	N	Claims	
	Western Grower's Insurance Company	24735	Y	N	Claims	
	WestLake Financial Group, Inc. (Buffalo Grove, IL)	90560	Y	N	Claims	
	WI Auto & Truck	R7006		N	Claims	
	William C. Earhart	93050	N	N	Claims	
	WilsonMcShane	R7002		N	Claims	
	Worksite Benefit Services, LLC	20333	Y	N	Claims	
	Zenith Administrators	R7001		N	Claims	
	ACS Benefit Solutions	61473	Y	N	Claims	
	Horizon Healthcare Dental Services	22099	Y	<u>Y</u>	Claims	
	Horizon Healthcare Dental Services	22099		N	Claim Status Inquiry	
	NorthStar Administrators	47570	Y	N	Claims	
	Premera Blue Cross	47570	Y	N	Claims	
AK	Blue Cross of Alaska and Washington	47570	Y	N	Claims	
AL	Blue Cross of Alabama	CBAL1	Y	<u>Y</u>	Claims	
AR	Blue Cross of Arkansas	CBAR1	Y	N	Claims	Mailing address for claims: Dental Claims Administrator PO Box 1206 Elk Grove Village IL 60009-1206.
CA	Anthem Blue Cross CA	47198	Y	N	Claims	f.k.a. Blue Cross of California; Wellpoint
CO	Blue Cross of Colorado	84099	Y	N	Claims	No FEP Claims. Please send FEP Claims on paper or use Payer ID 06126.
CO	Trigon Blue Cross Blue Shield - Colorado Dental Office	84103	Y	N	Claims	Claims Mailing Address: Trigon Dental Admin, 555 Middle Creek Parkway, MS 400, Colorado Springs, CO 80921.
CT	Anthem Blue Cross Blue Shield Connecticut	84105	Y	N	Claims	No FEP Claims. Please send FEP on paper or use Payer ID 06126.
CT	Blue Care Family Plan (BCBS of CT)	00700	Y	N	Claims	
DE	Blue Cross of Delaware	53287	Y	N	Claims	
GA	Blue Cross of Georgia	CBGA1	Y	N	Claims	
IA	Blue Cross of Iowa	CBIA2	Y	<u>Y</u>	Claims	
IA	Blue Cross of Iowa (FEP Claims Only)	CBIA1	Y	<u>Y</u>	Claims	FEP Claims only
ID	Blue Cross of Idaho	CBID1	Y	<u>Y</u>	Claims	
ID	Blue Shield of Idaho	CBID2	Y	<u>Y</u>	Claims	
IL	Blue Cross of Illinois	CB621	Y	N	Claims	
IN	Blue Cross of Indiana Anthem	84105	Y	N	Claims	No FEP Claims. Please send FEP on paper or use Payer ID 06126.
KS	Blue Cross of Kansas	CBKS1	Y	<u>Y</u>	Claims	
KY	Blue Cross of Kentucky Anthem	84105	Y	N	Claims	No FEP Claims. Please send FEP on paper or use Payer ID 06126.
LA	Blue Cross Blue Shield of Louisiana	23739	Y	<u>Y</u>	Claims	
MA	Blue Cross of Massachusetts	CBMA1	Y	<u>Y</u>	Claims	
MA	Blue Cross of Massachusetts	CBMA1		N	Claim Status Inquiry	
MI	Blue Cross Blue Shield of Michigan	CBMI1	Y	N	Claims	



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MS	Mississippi BCBS	CBMS1	Y	<u>Y</u>	Claims	
MT	Blue Cross Blue Shield of Montana	CBMT1	Y	N	Claims	
NC	Blue Cross Blue Shield of North Carolina	61473	Y	N	Claims	
NC	Blue Cross of North Carolina Federal Employee Claims	61472	Y	N	Claims	
NC	North Carolina Health Choice for Children	61472	Y	N	Claims	
ND	Blue Cross of North Dakota (ND Dental Services)	CX004	Y	<u>Y</u>	Claims	
ND	North Dakota Dental Service	CX004	Y	<u>Y</u>	Claims	
NE	Blue Cross of Nebraska	CBNE1	N	N	Claims	
NM	Blue Cross of New Mexico	CBNM1	N	N	Claims	
NV	Blue Cross of Nevada	84101	Y	N	Claims	No FEP Claims. Please send FEP Claims on paper or use Payer ID 06126.
NY	BCBS of Rochester New York	CBNYR	N	N	Claims	
NY	BCBS of Western NY	CBNYW	Y	<u>Y</u>	Claims	
NY	BS of Northeastern NY	CBNYE	Y	<u>Y</u>	Claims	
NY	Empire Blue Cross Blue Shield	CBNY1	N	N	Claims	
NY	Healthnow of Northeastern NY	CBNYE	Y	<u>Y</u>	Claims	
NY	Healthnow of Western NY	CBNYW	Y	<u>Y</u>	Claims	
OH	Blue Cross of Ohio Anthem	84105	Y	N	Claims	No FEP Claims. Please send FEP on paper or use Payer ID 06126.
OR	Blue Cross of Oregon	CB850	Y	<u>Y</u>	Claims	
PA	Blue Shield of Pennsylvania Dental Plus	CBPA2	Y	<u>Y</u>	Claims	
PA	Blue Shield of Pennsylvania Dental Plus	CBPA2		N	Claim Status Inquiry	
PA	Pennsylvania Blue Shield (Camp Hill)	CB865	Y	<u>Y</u>	Claims	
PA	Pennsylvania Blue Shield (Camp Hill)	CB865		N	Claim Status Inquiry	
RI	Blue Cross of Rhode Island	CB870	Y	<u>Y</u>	Claims	
SC	South Carolina BCBS	38520	Y	<u>Y</u>	Claims	
SC	South Carolina BCBS	38520		N	Claim Status Inquiry	
TN	Blue Cross of Tennessee	CBTN1	Y	<u>Y</u>	Claims	
TX	Blue Cross of Texas	CB900	Y	N	Claims	
UT	Regence UT BCBS	CBUT1	Y	<u>Y</u>	Claims	
UT	Regence UT BCBS FEP	CBUTF	Y	<u>Y</u>	Claims	
VA	Trigon Blue Cross of Virginia (Anth BCBS-VA/ BCBS Anth-VA formerly Trigon)	CB923	Y	N	Claims	
WA	Blue Cross of Alaska and Washington	47570	Y	N	Claims	
WA	Regence Blue Shield	93200	Y	N	Claims	Unique provider ID required; please call NDEX at (800) 373-1477.
WA	Regence Blue Shield FEP	93200	Y	<u>Y</u>	Claims	Unique provider ID required; please call NDEX at (800) 373-1477. Participating Payer - see last page for definition.
WA	Regence Northwest Health	93200	Y	<u>Y</u>	Claims	Unique provider ID required; please call NDEX at (800) 373-1477. Participating Payer - see last page for definition.
WI	Blue Cross of Wisconsin	CB950	Y	N	Claims	
	Delta Dental Insurance Co. (DDIC) - All Payers	94276	N	N	Claims	
	Delta Dental Insurance Co. (DDIC) - All Payers	94276		N	Claim Status Inquiry	
	Delta Health Systems	94235	Y	N	Claims	
	DeltaCare USA Claims	DDCA2	Y	N	Claims	f.k.a. PMI
	DeltaCare USA Claims	DDCA2		N	Claim Status Inquiry	
	DeltaCare USA Enounters	DDCA3		N	Claim Status Inquiry	
	Northeast Delta Dental (ME, NH, VT)	02027	Y	N	Claims	
AK	Delta Dental of Alaska (DDIC)	DDAK1	N	N	Claims	



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AK	Delta Dental of Alaska (DDIC)	DDAK1		N	Claim Status Inquiry	
AL	Delta Dental of Alabama (DDIC)	DDAL1	N	N	Claims	
AR	Delta Dental of Arkansas	CDAR1	Y	N	Claims	
AZ	Delta Dental of Arizona	86027	Y	N	Claims	
AZ	Delta Dental of Arizona	86027		N	Claim Status Inquiry	
CA	Delta Dental of California - CA00 Claims Office	77777	Y	N	Claims	
CA	Delta Dental of California - CA00 Claims Office	77777		N	Claim Status Inquiry	
CA	Delta Dental of California/Tricare Retiree Dental	CDCA1	Y	N	Claims	
CO	Delta Dental of Colorado	84056	Y	N	Claims	
DC	Delta Dental of Washington DC	52147	Y	N	Claims	
DC	Delta Dental of Washington DC	52147		N	Claim Status Inquiry	
DE	Delta Dental of Delaware	51022	Y	N	Claims	
DE	Delta Dental of Delaware	51022		N	Claim Status Inquiry	
FL	Delta Dental of Florida (DDIC)	DDFL1	N	N	Claims	
FL	Delta Dental of Florida (DDIC)	DDFL1		N	Claim Status Inquiry	
GA	Delta Dental of Georgia (DDIC)	DDGA1	N	N	Claims	
GA	Delta Dental of Georgia (DDIC)	DDGA1		N	Claim Status Inquiry	Detailed Benefits
IA	Delta Dental of Iowa	CDIA1	Y	N	Claims	
IA	Delta Dental of Iowa	CDIA1		N	Claim Status Inquiry	
ID	Delta Dental of Idaho	82029	Y	N	Claims	
IL	Delta Dental of Illinois	05030	Y	N	Claims	
IL	Delta Dental of Illinois	05030		N	Claim Status Inquiry	
IN	Delta Dental of Indiana	CDIN1	Y	N	Claims	
KS	Delta Dental of Kansas	CDKS1	Y	N	Claims	
KS	Delta Dental of Kansas	CDKS1		N	Claim Status Inquiry	
KY	Delta Dental of Kentucky	CDKY1	Y	N	Claims	
LA	Delta Dental of Louisiana (DDIC)	DDLA1	N	N	Claims	
LA	Delta Dental of Louisiana (DDIC)	DDLA1		N	Claim Status Inquiry	
MA	Delta Dental of Massachusetts	04614	Y	N	Claims	
MA	Delta Dental of Massachusetts	04614		N	Claim Status Inquiry	
MA	DentaQuest	04356	Y	N	Claims	
MD	Delta Dental of Maryland (Pennsylvania)	23166	Y	N	Claims	
MI	Delta Dental of Michigan	CDMI0	Y	N	Claims	
MN	Delta Dental of Minnesota	CDMN1	Y	N	Claims	
MO	Delta Dental of Missouri	43090	Y	N	Claims	
MO	Delta Dental of Missouri	43090		N	Claim Status Inquiry	
MS	Delta Dental of Mississippi (DDIC)	DDMS1	N	N	Claims	
MS	Delta Dental of Mississippi (DDIC)	DDMS1		N	Claim Status Inquiry	
MT	Delta Dental of Montana (DDIC)	DDMT1	N	N	Claims	
MT	Delta Dental of Montana (DDIC)	DDMT1		N	Claim Status Inquiry	
NC	Delta Dental of North Carolina	56101	Y	N	Claims	
ND	Delta Dental of North Dakota	CDND1	Y	N	Claims	
NE	Delta Dental of Nebraska	CDNE1	Y	N	Claims	
NJ	Delta Dental of New Jersey	22189	Y	N	Claims	
NJ	Delta Dental of New Jersey	22189		N	Claim Status Inquiry	
NM	Delta Dental of New Mexico	85022	Y	N	Claims	
NM	Delta Dental of New Mexico	85022		N	Claim Status Inquiry	
NV	Delta Dental of Nevada (DDIC)	DDNV1	N	N	Claims	
NV	Delta Dental of Nevada (DDIC)	DDNV1		N	Claim Status Inquiry	
NY	Delta Dental of New York	11198	Y	N	Claims	
NY	Delta Dental of New York	11198		N	Claim Status Inquiry	



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OH	Delta Dental of Ohio	CDOH1	Y	N	Claims	
OK	Delta Dental of Oklahoma	CDOK1	Y	N	Claims	
OK	Delta Dental of Oklahoma	CDOK1		N	Claim Status Inquiry	
OR	Delta Dental of Oregon (Oregon Dental Service)	CDOR1	Y	N	Claims	
PA	Delta Dental of Maryland (Pennsylvania)	23166		N	Claim Status Inquiry	
PA	Delta Dental of Pennsylvania	23166	Y	N	Claims	Incl. Maryland
PA	Delta Dental of Pennsylvania	23166		N	Claim Status Inquiry	
RI	Altus	50503	Y	N	Claims	
RI	Delta Dental of Rhode Island	05029	Y	N	Claims	
SC	Delta Dental of South Carolina	43091	Y	N	Claims	
SD	Delta Dental of South Dakota	54097	Y	N	Claims	
TN	Delta Dental of Tennessee	CDTN1	Y	N	Claims	
TN	Delta Dental of Tennessee	CDTN1		N	Claim Status Inquiry	
TX	Delta Dental of Texas (DDIC)	DDTX1	N	N	Claims	
TX	Delta Dental of Texas (DDIC)	DDTX1		N	Claim Status Inquiry	
UT	Delta Dental of Utah (DDIC)	DDUT1	N	N	Claims	
UT	Delta Dental of Utah (DDIC)	DDUT1		N	Claim Status Inquiry	
VA	Delta Dental of Virginia	CDVA1	N	N	Claims	Effective 1-16-07: electronic payer ID for Claims printed and mailed to Delta Dental Virginia
WA	Washington Dental Service	91062	Y	N	Claims	
WA	Washington Dental Service	91062		N	Claim Status Inquiry	Payer also supports RT status on Pre-Treatment Estimates
WI	Delta Dental of Wisconsin	39069	Y	N	Claims	
WI	Delta Dental of Wisconsin	39069		N	Claim Status Inquiry	
WV	Delta Dental of West Virginia	31096	Y	N	Claims	
WV	Delta Dental of West Virginia	31096		N	Claim Status Inquiry	
WY	Delta Dental of Wyoming	CDWY1	Y	N	Claims	
AK	Alaska Medicaid	CKAK1	Y	N	Claims	
AL	Medicaid of Alabama	CKAL1	Y	<u>Y</u>	Claims	
AR	Medicaid of Arkansas	CKAR1	Y	<u>Y</u>	Claims	
CA	Denti-Cal	94146	Y	<u>Y</u>	Claims	Denti-Cal requires provider enrollment and has special data requirements. Contact Denti-Cal EDI Support at (916) 853-7373.
CA	Medicaid of California	94146	Y	<u>Y</u>	Claims	Denti-Cal requires provider enrollment and has special data requirements. Contact Denti-Cal EDI Support at (916) 853-7373.
CO	Medicaid of Colorado	CKCO1	Y	<u>Y</u>	Claims	
CT	Medicaid of Connecticut	CKCT1	Y	N	Claims	
DC	District of Columbia Medicaid	CKDC1	Y	<u>Y</u>	Claims	
DE	Delaware Medicaid	CKDE1	Y	<u>Y</u>	Claims	
FL	Atlantic Dental Inc. (ADI) - Medicaid	CX052	Y	N	Claims	ADMINISTERED BY DORAL DENTAL
FL	DentaQuest - Government	CX052	Y	N	Claims	ADMINISTERED BY DORAL DENTAL
FL	Medicaid of Florida (FL)	CKFL1	Y	<u>Y</u>	Claims	
FL	Medicaid of Florida (FL)	CKFL1		N	Claim Status Inquiry	
GA	Medicaid of Georgia (GA)	CKGA1	Y	<u>Y</u>	Claims	
IA	Medicaid of Iowa	CKIA1	Y	<u>Y</u>	Claims	
ID	Medicaid of Idaho	CKID1	Y	<u>Y</u>	Claims	
IL	DentaQuest - Government	CKIL1	Y	N	Claims	ADMINISTERED BY DORAL DENTAL
IL	Illinois Medicaid	CKIL1	Y	N	Claims	ADMINISTERED BY DORAL DENTAL
IN	Indiana Childrens Special Healthcare	CX070	Y	<u>Y</u>	Claims	
IN	Medicaid of Indiana	CKIN1	Y	N	Claims	



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KS	Kansas Medicaid	CKKS1	Y	N	Claims	
KY	DentaQuest - Government	CKKY3	Y	N	Claims	ADMINISTERED BY DORAL DENTAL
KY	Kentucky Medicaid	CKKY1	Y	<u>Y</u>	Claims	
KY	Kentucky Medicaid	CKKY1		N	Claim Status Inquiry	
KY	Medicaid of Kentucky Region #3 (Doral Dental Services)	CKKY3	Y	N	Claims	ADMINISTERED BY DORAL DENTAL
LA	Louisiana Medicaid (Adult Dental)	CKLA2	Y	<u>Y</u>	Claims	
LA	Louisiana Medicaid (EPSDT)	CKLA1	Y	<u>Y</u>	Claims	
MA	Medicaid of Massachusetts	CKMA1	Y	N	Claims	ADMINISTERED BY DORAL DENTAL.
MD	Medicaid of Maryland, DePartment of Health and Mental Hygiene	CKMD1	N	N	Claims	
ME	Medicaid of Maine	CKME1	Y	<u>Y</u>	Claims	
MI	Michigan Medicaid	CKMI1	Y	N	Claims	
MN	Health Partners of Minnesota - Medicaid	CX010	Y	N	Claims	
MN	Medicaid of Minnesota	CKMN1	Y	<u>Y</u>	Claims	
MO	Medicaid of Missouri	CKMO1	Y	N	Claims	
MO	Medicaid of Missouri	CKMO1		N	Claim Status Inquiry	
MS	Mississippi Medicaid	CKMS1	Y	<u>Y</u>	Claims	
MT	Montana Medicaid	CKMT1	Y	N	Claims	
NC	Medicaid of North Carolina	CKNC1	Y	N	Claims	
ND	North Dakota Medicaid	CKND1	Y	N	Claims	Additional enrollment is not required by the payer, however, providers wishing to submit Claims electronically must submit their ND Medicaid assigned provider ID(s) within the Claims. Provider IDs are always 5 digits long and begin with the number 4.
NE	Nebraska Medicaid	CKNE1	Y	<u>Y</u>	Claims	
NH	Medicaid of New Hampshire	CKNH1	Y	N	Claims	
NJ	Medicaid of New Jersey	CKNJ1	Y	<u>Y</u>	Claims	
NM	New Mexico Medicaid	CKNM1	Y	<u>Y</u>	Claims	
NV	Medicaid of Nevada	CKNV1	Y	<u>Y</u>	Claims	
NY	Medicaid of New York (Dental Clinics Only)	CKNY2	Y	<u>Y</u>	Claims	
NY	New York Medicaid	CKNY1	Y	<u>Y</u>	Claims	
OH	CareSource	CKOH2	Y	<u>Y</u>	Claims	
OH	Medicaid of Ohio	CKOH1	Y	<u>Y</u>	Claims	
OK	Medicaid of Oklahoma	CKOK1	Y	N	Claims	
OR	Medicaid of Oregon	CKOR1	Y	<u>Y</u>	Claims	
PA	Medicaid of Pennsylvania	CKPA1	Y	<u>Y</u>	Claims	
RI	Medicaid of Rhode Island	CKRI1	Y	<u>Y</u>	Claims	
SC	South Carolina Medicaid	CKSC1	Y	<u>Y</u>	Claims	
TX	Medicaid of Texas	CKTX1	Y	N	Claims	
UT	Medicaid of Utah	CKUT1	Y	<u>Y</u>	Claims	
VA	Virginia Medicaid	CKVA1	Y	N	Claims	ADMINISTERED BY DORAL DENTAL.
VT	Medicaid of Vermont	CKVT1	Y	<u>Y</u>	Claims	
WA	Medicaid of Washington	CKWA1	Y	<u>Y</u>	Claims	
WI	DentaQuest - Government	CX014	Y	N	Claims	ADMINISTERED BY DORAL DENTAL
WI	Doral Dental Plan of Wisconsin	CX014	Y	N	Claims	ADMINISTERED BY DORAL DENTAL
WI	Medicaid of Wisconsin	CKWI1	Y	N	Claims	
WV	Medicaid of West Virginia	CKWV1	Y	<u>Y</u>	Claims	



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WY	Medicaid of Wyoming	CKWY1	Y	Y	Claims	