



eClaims Dental Payer List Information

Payer List Includes (18 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

For any questions please contact eServices Support at 800.475.5036.



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St	Payer	ID	Group #	Enroll	Additional Info
	21st Century Health and Benefits	59069	Y	N	
	21st Century Insurance and Financial Services	51028	Y	N	Electronic Payer ID for claims printed and mailed to payer.
	3P Admin	20413	Y	N	
	A & I Benefit Plan Administrators	93044	Y	N	
	A & I Benefit Plan Administrators	CX044	Y	N	
	AAG Benefit Plan Administrators, Inc.	75240	Y	N	
	AARP	AARP1	Y	N	AARP Claims with a mailing address of PO Box 2059, Mechanicsburg, PA
	Acceptius (Benefit Management Inc of MO (BMI)	43178	Y	N	
	Access Dental	CX097	Y	N	via Performance Health Technology
	AcClaims	64071	Y	N	
	ACS Benefit Services a.k.a. NCBCBS - DBS	61474	Y	N	
	ACS Benefit Services Inc.	72468	Y	N	f.k.a. ACS Consulting Services, Inc.
	Activa Benefit Services, LLC/Dental	38255	Y	N	(Formerly Amway Corporation/Dental)
	Administrative Services Only, Inc.	CX076	Y	N	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	
	Advantek Benefit Administrators	83077	Y	N	
	Adventist Health System West - Roseville, CA	95340	Y	N	
	Aetna	60054	Y	N	
	Aetna Affordable Health Choices (SM) - SRC	57604	Y	N	
	Affordable Benefits Admin.	95426	Y	N	
	AFLAC	58066	Y	N	
	AFLAC - NY Plan	52080	Y	N	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	Please enter Group Number when submitting Claims.
	Alaska Electrical Health & Welfare Fund	92600	Y	N	
	Alaska Laborers Construction Industry Trust	91136	Y	N	Please enter Group Number when submitting Claims.
	Alaska Pipe Trades Local 375	91136	Y	N	Please enter Group Number when submitting Claims.
	Alaska United Food & Commercial Workers Health & Welfare Trust	91136	Y	N	Please enter Group Number when submitting Claims.
	Allen Medical Claims Administrator	CX016	Y	N	
	Allied Administrators (San Francisco, CA)	94177	Y	N	
	Allied Benefit Systems	37308	Y	N	
	Amalgamated Life - PA Aicare	13343	Y	N	
	American Administrators (West Des Moines, IA)	42112	Y	N	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	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	Only limited plans may be sent electronically. Group name is required with one of the following plan names: Sheet Metal, Berekely, 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	
	American Medical Security	CX001	Y	N	A United Healthcare Payer
	American Postal Workers Union Health Plan	44444	Y	N	
	Americas TPA	41178	Y	N	
	Amerihealth Administrators	54763	Y	N	
	Ameritas Life Insurance Corp.	47009	Y	N	
	Amway Corporation	38255	Y	N	(Formerly Amway Corporation/Dental)
	Anchor Benefit	53085	Y	N	
	Antares Management Solutions	34192	N	N	
	APA Partners, Inc.	16140	Y	N	
	Arkansas Best Corporation - Choice Benefits	75278	Y	N	
	Ascent Benefits	CX072	Y	N	
	ASR Corporation	38265	Y	N	
	Association Benefit Plan	25133	Y	N	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	
	Assurant Health	39065	Y	N	f.k.a. Protective Life
	Assurant, Inc.	70408	Y	N	f.k.a. First Fortis Life Insurance
	Athens Area Health Plan Select	95691	Y	N	
	Atlantic Dental Inc. (ADI) - Commercial	CX085	Y	N	
	Automated Group Administration, Inc. (AGA)	37280	Y	N	
	Avesis	86098	Y	N	
	BCI Administrators, Inc.	49153	Y	N	
	Bell Atlantic	68241	Y	N	
	Bencomp National Corporation	33192	Y	N	
	BeneCare Dental Plans	23210	Y	N	
	Benefit Administrative Systems	36149	Y	N	
	Benefit Coordinators Corporation (Pittsburgh, PA)	25145	Y	N	Payer ID valid only for Claims with a submission address of 111 Ryan Court, Suite 300, Pittsburgh, PA 15205.
	Benefit Inc.	R7003		N	
	Benefit Management Services of MS	37212	Y	N	
	Benefit Management Services, Inc.	56139	Y	N	
	Benefit Management, Inc. of KS	48611	Y	N	
	Benefit Plan Administrators Co. (Eau Claire, WI)	39081	Y	N	Payer ID valid only for Claims with a billing submission address of P.O. Box 1128, Eau Claire, WI 54702-1128.
	Benefit Plan Administrators_VA	37118	Y	N	
	Benefit Systems & Services, Inc. (BSSI)	36342	Y	N	
	Benesys, Inc.	58102	Y	N	



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	Best Life & Health Insurance Co.	95604	Y	N	
	Better Health Plans of South Carolina	32006	Y	N	
	Blue Care Family Plan	GWD01	N	N	Administered by Golden West (Well point)
	Boilermakers National Health & Welfare Fund	36609	Y	N	
	Boon Chapman Benefit Administrators	74237	Y	N	
	Boulder Administration Services	20381	Y	N	
	Bridgeport LLC	CX028	Y	N	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	
	Broward Health	37314	Y	N	
	Butler Benefits	42150	Y	N	
	C. L. Frates	CX075	Y	N	
	Cadent Administrators	33192	Y	N	
	Cadent Underwriters	33192	Y	N	
	Capital Dental	CX037	Y	N	
	Capitol Administrators	68011	Y	N	
	Capitol Dental	CX095	Y	N	via Performance Health Technology
	Carolina Summit Healthcare	56195	Y	N	
	Carpenter's Health and Welfare Trust Fund of St. Louis	25125	Y	N	
	Caterpillar Inc.	37060	Y	N	A United Healthcare Payer
	CBCA Administrators	55438	Y	N	
	CBCA Administrators (HRM)	41170	Y	N	[Formerly Health Risk Management (HRM)]
	CDO Technologies	87065	Y	N	
	CDS Group Health	88022	Y	N	
	Cement Masons & Plasterers Health & Welfare Trust	91136	Y	N	
	Central Reserve Life	34097	Y	N	
	Central States Health and Welfare Fund	36215	Y	N	
	CHAMPVA - HAC	84147	Y	N	CHAMPVA - HAC is not associated with and does not process Claims for TRICARE (formerly CHAMPUS)
	Chesterfield Resources, Inc. (Uniontown, OH)	34154	Y	N	a.k.a. Salvation Army
	Children of Women Vietnam Veterans - VA HAC	84147	Y	N	
	Choice Plus (TRW)	68241	Y	N	
	Christian Brothers Services	61271	Y	N	
	CIGNA	62308	Y	N	
	CIGNA Voluntary	59225	Y	N	
	Citizens Security Life	CX071	Y	N	
	Civil Service Employees Association (CSEA)	CX054	Y	N	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 an "-".
	Clarendon's Healthy Kids	33192	Y	N	
	Coastal Administrative Services	77052	Y	N	
	Community Claims Administration	26231	Y	N	



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	Community Health Electronic Claims/CHEC/webTPA	75261	Y	N	
	Comp - Ohio (Austintown, OH)	34177	Y	N	
	Companion Life	77828	Y	<u>Y</u>	
	CompBenefits	CX021	Y	N	
	Comprehensive Benefits Administrator, Inc.	03036	Y	N	
	Connecticut Carpenters Health Fund	37307	Y	N	
	Connecticut General (CIGNA)	62308	Y	N	
	Consociate Dansig, Inc	37135	Y	N	
	Consolidated Group Dental	61305	Y	N	
	Cook Group Health Plan	35149	Y	N	
	Cooperative Benefit Administrators (CBA)	52132	Y	N	
	Core Management Resources Group	58231	Y	N	
	CoreSource AZ MN	41045	Y	N	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	
	CoreSource MD PA IL	35182	Y	N	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	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	
	CoreStar	41045	Y	N	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	
	Covenant Administrators, Inc. (Atlanta, GA)	58102	Y	N	
	Coventry Health Care	25133	Y	N	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	Formerly payer ID 87043. Now part of Coventry Consolidated payer ID.
	Coventry Health Care of Georgia	25148	Y	N	
	Coventry Missouri	25133	Y	N	Formerly payer ID 87043. Now part of Coventry Consolidated payer ID.
	Creative Plan Administrators	37320	N	N	
	Crescent Dental - Meritain Health	CX074	Y	N	
	Custom Benefit Administrators	39170	Y	N	
	Custom Design Benefits Inc. of OH	82056	Y	N	
	CustomCare	68241	Y	N	
	Dart Management Corp.	06172	Y	N	
	DeCare Dental Health Insurance	7035	Y	N	
	deneX/SG	CX049	Y	N	
	Dental Benefit Providers	52133	Y	N	A United Healthcare Payer
	Dental Care Plus	CX035	Y	N	



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	Dental Network	CX034	Y	N	
	DentalComp	CX017	Y	N	
	Deseret Mutual Benefit Administrators	CX089	Y	Y	
	DH Evans	CX065	Y	N	
	Diversified Administration Corporation	CX040	Y	N	
	EBC, Inc.	37257	N	N	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	
	EBMS (Employee Benefit Management Services, Inc.)	81039	Y	N	
	EBS Benefit Solutions	CX043	N	N	
	EHI	73288	Y	N	
	EMIA (Educators Mutual Insurance Assoc)	CX079	y	N	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.
	EMPHEYSYS	73288	Y	N	
	Employee Benefit Administrators	CX012	Y	N	
	Employee Benefit Concepts (Farmington Hills, MI)	38241	Y	N	
	Employee Benefit Consultants	37257	N	N	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	
	Employee Benefit Services of Louisiana, Inc (EBS)	41198	Y	N	
	Employee Benefits Plan Administration, Inc. (E.B.P.A.)	03036	Y	N	
	Employee Group Services	CX022	Y	N	
	Employee Plans, LLC	35112	Y	N	
	Employer Plan Services, Inc.	CX031	Y	N	
	Employers Direct Health	75232	Y	N	
	Employers Health	73288	Y	N	
	Employers Health Insurance	73288	Y	N	
	Employers Mutual, Inc.	59297	Y	N	
	Enstar Natural Gas	91136	Y	N	
	EQUICOR	62308	Y	N	
	Equitable Plan Services (Oklahoma City, OK)	73126	Y	N	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	
	Essex Dental Benefits	43168	Y	N	
	E-V Benefits Management, Inc (Columbus, OH)	34159	Y	N	
	ExclusiCare	71412	Y	N	
	Family Dental	CX096	Y	N	via Performance Health Technology
	Federated Mutual Insurance	41041	Y	N	
	First Ameritas Life Insurance Corporation of New York	72630	Y	N	



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	First Care/Southwest Life & Health	CX050	Y	N	
	First Continental Life & Accident Insurance	CX090	Y	N	
	First Dental Health of CA	CX086	Y	N	
	First Reliance Standard Life Ins. Co. (NY Business)	13317	Y	N	
	Fitzharris & Company, Inc.	11244	Y	N	
	Flex Compensation	R7004	Y	N	
	FlexCare	68241	Y	N	
	Florida Power & Light	68241	Y	N	
	FMH Benefit Services, Inc.	48117	Y	N	
	Foreign Service Benefit Plan	25133	Y	N	Formerly payer ID 62413. Now part of Coventry Consolidated payer ID. Including AFSPA Staff Plan.
	Formula Card Dental	LX050	Y	N	
	Foundation Benefit Admin (FBA) - Boon Group	BOONG	Y	N	
	Fox Everett, Inc.	64069	Y	N	
	Fraternal Order of Police - Dental Division (Philadelphia, PA)	CX041	N	N	
	Fringe Benefit Management	59069	Y	N	
	Gerber Life Insurance Company - Student Insurance	74227	Y	N	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	
	GHI - New York (Group Health Inc.)	13551	Y	N	
	GIC Indemnity Plan	80314	Y	N	
	Gilsbar, Inc.	07205	Y	N	
	Golden West Dental	GWD01	N	N	
	Government Employees Hospital Association (GEHA)	44054	Y	N	
	Great-West Healthcare	63665	Y	N	f.k.a. General American
	Great-West Healthcare	80705	Y	N	
	Group Administrators Ltd.	36338	Y	N	
	Group and Pension Administrators	48143	Y	N	
	Group Benefit Services	CX011	Y	N	
	Group Dental Services	CX036	Y	N	
	Group Insurance Service Center, Inc	37276	Y	N	
	Group Link of Indiana	CX015	Y	N	
	Guaranty (DINA)	CX090	Y	N	
	Guardian Life Insurance Company of America	64246	Y	N	
	H & A Administrators	LX059	Y	N	
	Harvard Pilgrim Health Care (HPHC) - Student Insurance	74227	Y	N	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	
	Health Choice Arizona	62179	Y	N	
	Health Economics Group, Inc.	CX039	N	N	
	Health Future LLC	30946	Y	N	
	Health Network America	20199	Y	N	
	Health Partners - Jackson, TN	62157	Y	N	
	Health Partners of Minnesota - Commercial	CX009	Y	N	

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



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	Health Plan Services	59140	Y	N	
	Health Plans Inc.	CX055	Y	N	
	Health Resources Incorporated (HRI)	CX019	Y	N	
	Health Risk Management	41170	Y	N	[Formerly Health Risk Management (HRM)]
	Healthcare Management Administrators, Inc.	HMA01	Y	N	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	
	Healthfirst of Austin	75289	Y	N	
	Healthplex, Inc.	11271	Y	N	
	HealthSCOPE Benefits, Inc.(Formerly CNA Health Partners of Arkansas)	71063	Y	N	
	HealthSmart Benefit Solutions	37283	Y	N	
	Healthsource Provident	62308	Y	N	Claims are edited under CIGNA's payer specific edits, Payer ID 62308.
	Hometown Health Plans Nevada	88023	Y	N	
	Hoosier Dental (in Indianapolis, Indiana)	CX015	Y	N	
	Hotel Employees & Restaurant Employees Health Trust	91136	Y	N	
	HRM Claims Management	41170	Y	N	[Formerly Health Risk Management (HRM)]
	Humana	73288	Y	N	
	I. E. Shaffer (West Trenton, NJ)	22175	Y	N	
	Indiana Teamsters Health Benefits Fund (Indianapolis, IN)	35107	Y	N	Formerly known as Local 135 Health Benefits Fund (Indianapolis, IN)
	Insurance Design Administrators	13315	Y	N	
	Insurers Administrative Corp.	86304	Y	N	Please visit website prior to submitting Claims: edihelp.iacusa.com
	Integra Administrative Group (Seaford, DE)	51020	Y	N	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	
	John Alden Life Insurance Co.	41099	Y	N	
	John Morrell Company - AHBPA	38310	Y	N	
	JP Farley Corporation	34136	Y	N	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	Payer ID valid only for claims with a billing submission address of PO Box 4360 Rockville, MD
	Kanawha Insurance Co.	57038	Y	N	
	Kansas City Life	CX058	N	N	
	Kempton Company	73100	Y	N	
	Kempton Group Administrators	73100	Y	N	
	LBA Healthplans	52193	Y	N	
	Liberty Dental Plan	CX083	Y	N	
	Life Insurance Company of Boston & New York	78140	Y	N	
	Lifewise Health Plan of Oregon	93093	Y	N	
	Lincoln Financial Group	CX061	Y	N	f.k.a. Jefferson Pilot
	Lincoln National (WI)	73288	Y	N	
	Line Construction Benefit Fund	LCB01	Y	N	
	Local 135 Health Benefits Fund (Indianapolis, IN)	35107	Y	N	
	Lovelace Sandia Health Plan	90328	Y	N	



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	Machigonne Benefit Administrators	10317	Y	N	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	Formerly payer ID 62413. Now part of Coventry Consolidated payer ID. Including AFSPA Staff Plan.
	MAMSI	CX033	N	N	
	Manulife W. J. Sutton Company	98010	Y	N	
	Marsh Advantage	CX023	Y	N	
	Masonry Institute/Administrative D.C. No. 1 Welfare Fund	CX098	Y	N	
	MBA Benefit Administrators, Inc. (Salt Lake City, UT)	87065	Y	N	
	MBA of Wyoming (Worland, WY)	87065	Y	N	
	MBS	56205	Y	N	Formerly MedCost Benefit Services.
	MCNA DENTAL	65030	Y	N	
	MedBen (Newark, OH)	74323	Y	N	
	MEDICA of Minnesota	CX026	Y	N	
	Medical Benefit Administrators	CX024	Y	N	
	Medical Benefits Mutual (Neward, OH)	74323	Y	N	
	Medical Mutual of Ohio (MMO)	29076	Y	N	
	Medical Mutual of Ohio (MMO)	CB833	Y	N	
	Medical Network of Colorado Springs	84600	Y	N	
	Mercer Administrators	CX023	Y	N	
	Meritain Health Minneapolis	41124	Y	N	
	Methodist First Choice	23550	Y	N	
	MetLife	65978	Y	N	(formerly Travelers)
	Michigan Regional Council of Carpenters Employees Benefit Plan (Troy, MI)	38238	Y	N	
	Mid-America Associates, Inc.	37281	Y	N	
	Midwest Dental Benefits	41101	Y	N	
	Mid-West National Life Insurance Co. of Tennessee - Student Instuance	74227	Y	N	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	
	Missoula County Medical Benefits Plan	37275	Y	N	
	MN Power	R7005		N	
	Morris Associates	35092	Y	N	
	Motorola	36111	Y	N	
	Mountain States Administrative Services (Tucson, AZ)	86040	Y	N	
	MPEEBT/ MPE Services, Inc.	37233	Y	N	
	Mutual of Omaha Commercial	CX087	Y	N	
	Mutual of Omaha Insurance Company	71412	Y	N	
	Mutually Preferred	71412	Y	N	
	N.W. Int Assoc of Machinists & Aerospace Eng Benefits Trust Dental Progam	91136	Y	N	Please enter Group Number when submitting Claims.
	N.W. Ironworkers Health & Security Trust Fund	91136	Y	N	Please enter Group Number when submitting Claims.
	N.W. Roofers & Employers Health & Security Trust Fund	91136	Y	N	Please enter Group Number when submitting Claims.



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	N.W. Textile Processors	91136	Y	N	Please enter Group Number when submitting Claims.
	NAA (North America Administrators, L.P.) (Nashville, TN)	65085	Y	N	
	NABN (Cleveland, OH)	34159	Y	N	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	
	National Benefit Administrators - North Carolina	56176	Y	N	
	National Elevator Industry Benefit Plan (NEIB)	CX045	Y	N	
	National Pacific of TX (NCFLEX)	CX057	Y	N	A United Healthcare Payer
	National Rural Letter Carrier Association	71412	Y	N	
	National Telecommunications Cooperative Association	52120	Y	N	
	Nationwide Health Plans	31417	Y	N	
	NCAS - Charlotte	75191	Y	N	
	NCAS - Fairfax, VA	75190	Y	N	
	NCBCBS - DBS a.k.a. ACS Benefit Services	61474	Y	N	
	Netcare Life and Health Insurance (NLH)	66055	Y	N	
	New England Dental Administrators	43351	Y	N	
	NGS AMERICAN	38225	Y	N	
	Nippon Life Insurance Company of America	81264	Y	N	
	North American Benefits Network ((Cleveland, OH)	34159	Y	N	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	
	Northern Illinois Health Plan	36347	Y	N	
	Northern Minnesota Dental	LX062	Y	N	
	Northern Nevada Trust Fund	88027	Y	N	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	
	Northwest Dental Services	93525	N	N	
	Northwest Suburban IPA	36346	Y	N	
	Nova Healthcare Administrators, Inc. (Grand Island, NY)	16644	Y	N	
	Nyhart	37299	Y	N	
	OK State Employees & Educators (EDS)	22521	Y	N	
	Operating Engineers Locals 302 & 612 Health & Security Fund	91136	Y	N	Please enter Group Number when submitting Claims.
	P5 Health Plan Solutions	87068	Y	N	
	PA Faculty Health & Welfare	CX066	Y	N	
	Pacific Union	CX056	Y	N	A United Healthcare Payer
	Pacificare Dental and Vision HMO	CX060	Y	N	A United Healthcare Payer
	Pacificare Dental and Vision PPO	CX053	Y	N	A United Healthcare Payer
	PacificSource Administrators	93031	Y	N	a.k.a. Select Benefit Administrators
	PacificSource Health Plans	93029	Y	N	
	Paragon Benefits	58174	Y	N	
	Pasport Health Plan	CX091	Y	N	
	Patient Advocates, LLC	10525	Y	N	
	PDO	68241	Y	N	



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St	Payer	ID	Group #	Enroll	Additional Info
	PEHP (Public Employees Health Program)	CX080	Y	<u>Y</u>	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	
	Personal Insurance Administrators, Inc	95397	Y	N	
	Physicians Care Network	36345	Y	N	
	Physicians Health Associates of Illinois	37136	Y	N	
	Physicians Health Plan of Northern Indiana, Inc.	12399	Y	N	
	Physicians Mutual	CX068	Y	N	
	Pinnacle Claims Management, Inc.	24735	Y	N	
	Pittman & Associates	37224	Y	N	
	Planned Administratorss, Inc.	37287	Y	N	
	Poly America Medical & Dental Benefits Plan	32680	Y	N	
	POMCO	16111	Y	N	
	Prairie States Enterprises, Inc.	36373	Y	N	
	Preferred Dental Organization	68241	Y	N	
	Preferred Health Professionals	31478	Y	N	a.k.a. Freedom Network Dental
	Preferred One	41147	Y	N	
	Premier Access Insurance Company	CX078	Y	N	
	Premier Dental Plan of MN	CX029	Y	N	
	Primary PhysicianCare, Inc.	56144	Y	N	
	PrimeWest Health	LX049	Y	N	
	Principal Financial Group	61271	Y	N	
	Principal Life Insurance Co.	61271	Y	N	
	Priority Health	38217	Y	N	
	Professional Benefit Administrators, Inc. (Oak Brook, IL)	36331	Y	N	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 are edited under CIGNA's payer specific edits, Payer ID 62308.
	Prudential for Health	68241	Y	N	
	Prudential HealthCare & Life Ins. Co of America	68241	Y	N	
	Prudential HealthCare Health Maintenance Organization	68241	Y	N	
	Prudential HealthCare HMO for Small Business	68241	Y	N	
	Prudential Healthcare of America Inc.	68241	Y	N	
	Prudential HealthCare POS for Small Business	68241	Y	N	
	Prudential HealthCare PPO for Small Business	68241	Y	N	
	Puget Sound Benefits Trust	91136	Y	N	Please enter Group Number when submitting Claims.
	Puget Sound Electrical Workers Trust	91136	Y	N	Please enter Group Number when submitting Claims.
	Quad Med LLC (Pewaukee, WI)	39197	Y	N	
	Quality Plan Administrators Inc	CX077	Y	N	
	RBMS, LLC	91176	Y	N	
	Regency Employee Benefits	38221	Y	N	
	Regional Care, Inc.	47076	Y	N	
	Reliance Standard Life Ins. Co.	36088	Y	N	
	Reliastar	80314	Y	N	



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	ReliaStar (now known as CoreStar formerly NW National Life)	41045	Y	N	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	
	Riverside San Bernardino County Indian Health Inc.	50664	Y	N	
	RMSCO, INC.	16117	Y	N	
	Rochester Public Schools	41625	Y	N	
	Rocky Mountain Life Dental	84102	Y	N	
	Rural Carrier Benefit Plan	25133	Y	N	Formerly payer ID 62413. Now part of Coventry Consolidated payer ID. Including NRLCA Staff Plan.
	S&S Health Strategies	31441	Y	N	
	Safeguard HMO	CX048	N	N	
	SafeGuard PPO	CX030	Y	N	
	Sage Technologies	37105	Y	N	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	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	a.k.a. Chesterfield Resource, Inc.
	SAMBA	37259	Y	N	
	Sanford Health Plan	91184	Y	N	
	Scan Health Plan Arizona	73172	N	N	
	Scan Long Term Care	20460	Y	N	
	Seabury & Smith	CX023	Y	N	
	Secure Health Plan of GA	28530	Y	N	
	SecureCare Dental	86057	Y	N	
	Securion	93842		N	
	Security Life Insurance Co of America	CX092	Y	N	
	SeeChange Health	77024	Y	N	
	Select Administrative Services (SAS)	64088	Y	N	
	Select Benefit Administrators	93031	Y	N	a.k.a. PacificSource Administrators
	Select Health	CX107	Y	N	
	SelectCare (Coca Cola)	68241	Y	N	
	Self Insured Benefit Administrators (Clearwater, FL)	59111	Y	N	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	
	Self-Funded Plans, Inc.	34131	Y	N	
	Self-Insured Dental Services (SIDS)	CX076	Y	N	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	
	Sentry Life Insurance Company	39033	Y	N	
	Serentas Dental Care Solutions	CX038	Y	N	

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



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	Set Seg	38610	Y	N	
	Sheffield, Olson and McQueen	41143	Y	N	
	Shenandoah Life Insurance	CX067	Y	N	
	Sierra Health Services	76342	Y	N	A United Healthcare Payer
	Significa Benefits Services, Inc.	CX046	Y	N	f.k.a. Erin Group Admin.
	Sinclair Health Plan	84076	Y	N	
	Solstice Benefits, Inc.	76578	Y	N	
	South Central Preferred - PPO York, PA (I H S Gateway Payer)	23266	Y	N	
	South FL Community Care Network - NBHD	37314	Y	N	
	South Point Hotel & Casino	35227	Y	N	
	Southern Benefit Services	37318	Y	N	
	SouthWest Benefits	CX051	N	N	
	Southwest Service Administrators	CX100	Y	N	
	Southwestern Bell	68241	Y	N	
	Southwestern Bell Exec	68241	Y	N	
	Southwestern Bell Exec. - Custom Care	68241	Y	N	
	Southwestern Bell Exec. - Southwestern Bell	68241	Y	N	
	Spina Bifida - VA HAC	84147	Y	N	
	St. Therese Physician Association	37116	Y	N	
	Standard Ins. Co. (OR Business)	93024	Y	N	
	Standard Insurance Company (NY)	13411	Y	N	
	Star Health	CX090	Y	N	
	StarDent	CX090	Y	N	
	State Auto	46450	Y	N	
	State of Texas Dental Plan	57254	Y	N	
	Stoner and Associates (Cincinnati, OH)	31121	Y	N	
	Sun Life and Health Insurance Company (U.S.) (formerly GEGLAC)	67814	Y	N	f.k.a Genworth Life and Health Insurance Company (GLHIC) (Formerly GEGLAC)
	Superior Dental Care	31117	Y	N	
	Tall Tree Administrators	88067	Y	N	
	TDC	73288	Y	N	
	Texas CHIP Dental Services	CPPTX	Y	<u>Y</u>	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	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	
	The Dental Concern	73288	Y	N	
	The Loomis Company - TPA Wyomissing, PA (IHS Gateway Payer)	23223	Y	N	
	The MEGA Life & Health Insurance Company - Insurance Center	59226	Y	N	
	The MEGA Life & Health Insurance Company - Student Insurance	74227	Y	N	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.



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	The Physicians Assurance Corp (TPAC) /Employee Benefit Management Corp (EBMC)	CX025	Y	N	
	The Union Labor Life Insurance Company	13142	Y	N	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>	Now known as Unison Health Plan
	Time Insurance Company	39065	Y	N	f.k.a. Fortis Insurance Company
	Tower Life Insurance Co.	69493	Y	N	
	TPAC/Employee Benefit Management Corp	CX025	Y	N	
	TR Paul, Inc.	37230	Y	N	
	TransSmile	CX069	Y	N	Administered by Arkansas Delta Dental
	Travelers (now MetLife)	65978	Y	N	
	Trusteed Plans Service Corporation	91078	Y	N	
	Trustmark Insurance Company	61425	Y	N	
	UMR - Cincinnati	33108	Y	N	f.k.a. United Medical Resources
	UMR - Harrington	75196	Y	N	f.k.a. Harrington Benefit Services (Westerville)
	UMR - Harrington	95266	Y	N	f.k.a. Harrington Benefit Services (Columbus)
	UMR - Lexington	37237	Y	N	f.k.a. Commonwealth Administrative Group
	UMR - Onalaska	79480	Y	N	f.k.a. Midwest Security of WI
	UMR - San Antonio	74223	Y	N	f.k.a. Benefit Planners Inc., UICI Administrators - State of Nevada
	UMR - Wausau/UHIS	39026	Y	N	f.k.a. Fiserv Health - Wausau Benefits/Benesight, Employers Insurance of Wisconsin
	UNICARE	80314	Y	N	
	Unified Group Services	35198	Y	N	
	Uniform Medical Plan	75243	Y	N	f.k.a. Uniform Medical Plan / Harrington Benefit Services
	Union Security Insurance Company	70408	Y	N	f.k.a. Fortis Benefits Insurance Company
	Unison Health Plan/Three Rivers	25175	Y	<u>Y</u>	
	United Concordia - Fee for Service	CX007	Y	<u>Y</u>	
	United Concordia (Tricare Dental Plan)	CX002	Y	<u>Y</u>	
	United Concordia Dental Plus	CX013	Y	<u>Y</u>	
	United HealthCare Insurance Company - Student Insurance	74227	Y	N	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	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	A United Healthcare Payer
	United Medical Alliance	84132	Y	N	
	United of Omaha	71412	Y	N	
	United Security Life & Health Ins Co	36362	Y	N	
	United States Life Insurance Company	13545	Y	N	f.k.a. American General
	Unity Health Insurance Corp	66705	Y	N	Only claims for Oral Surgery, TMJ or Accidents can be sent electronically to this payer ID.
	University of Missouri	25133	Y	N	Formerly payer ID 87043. Now part of Coventry Consolidated payer ID.
	Upper Peninsula Health Group (TPA)	37324	Y	N	



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	VA Fee Basis Programs	12116	Y	N	
	Varian Health Care Plan	68241	Y	N	
	Verity National Group	75256	Y	N	
	Volusia Health Network	59266	Y	N	
	Washington Employers Trust	37294	Y	N	
	Washington State Council of County & City Employees Dental Trust	91136	Y	N	Please enter Group Number when submitting Claims.
	Waterstone Benefit Administrators	73155	Y	N	
	Web TPA, Inc of TX	59332	Y	N	
	webTPA/Community Health Electronic Claims/CHEC	75261	Y	N	
	Wells Fargo Third Party Administrators (f.k.a. JSL Administrators)	37272	Y	N	
	Wells Fargo Third Party Administrators, Inc (Charleston, WV)	87815	Y	N	f.k.a. Acordia National
	Western Grower's Assurance Trust	24735	Y	N	
	Western Grower's Insurance Company	24735	Y	N	
	WestLake Financial Group, Inc. (Buffalo Grove, IL)	90560	Y	N	
	WI Auto & Truck	R7006		N	
	William C. Earhart	93050	N	N	
	WilsonMcShane	R7002		N	
	Worksite Benefit Services, LLC	20333	Y	N	
	Zenith Administrators	R7001		N	
	ACS Benefit Solutions	61473	Y	N	
	Horizon Healthcare Dental Services	22099	Y	<u>Y</u>	
	NorthStar Administrators	47570	Y	N	
	Premera Blue Cross	47570	Y	N	
AK	Blue Cross of Alaska and Washington	47570	Y	N	
AL	Blue Cross of Alabama	CBAL1	Y	<u>Y</u>	
AR	Blue Cross of Arkansas	CBAR1	Y	N	Mailing address for claims: Dental Claims Administrator PO Box 1206 Elk Grove Village IL 60009-1206.
CA	Anthem Blue Cross CA	47198	Y	N	f.k.a. Blue Cross of California; Wellpoint
CO	Blue Cross of Colorado	84099	Y	N	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 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	No FEP Claims. Please send FEP on paper or use Payer ID 06126.
CT	Blue Care Family Plan (BCBS of CT)	00700	Y	N	
DE	Blue Cross of Delaware	53287	Y	N	
GA	Blue Cross of Georgia	CBGA1	Y	N	
IA	Blue Cross of Iowa	CBIA2	Y	<u>Y</u>	
IA	Blue Cross of Iowa (FEP Claims Only)	CBIA1	Y	<u>Y</u>	FEP Claims only
ID	Blue Cross of Idaho	CBID1	Y	<u>Y</u>	
ID	Blue Shield of Idaho	CBID2	Y	<u>Y</u>	
IL	Blue Cross of Illinois	CB621	Y	N	
IN	Blue Cross of Indiana Anthem	84105	Y	N	No FEP Claims. Please send FEP on paper or use Payer ID 06126.
KS	Blue Cross of Kansas	CBKS1	Y	<u>Y</u>	
KY	Blue Cross of Kentucky Anthem	84105	Y	N	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>	



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MA	Blue Cross of Massachusetts	CBMA1	Y	<u>Y</u>	
MI	Blue Cross Blue Shield of Michigan	CBMI1	Y	N	
MS	Mississippi BCBS	CBMS1	Y	<u>Y</u>	
MT	Blue Cross Blue Shield of Montana	CBMT1	Y	N	
NC	Blue Cross Blue Shield of North Carolina	61473	Y	N	
NC	Blue Cross of North Carolina Federal Employee Claims	61472	Y	N	
NC	North Carolina Health Choice for Children	61472	Y	N	
ND	Blue Cross of North Dakota (ND Dental Services)	CX004	Y	<u>Y</u>	
ND	North Dakota Dental Service	CX004	Y	<u>Y</u>	
NE	Blue Cross of Nebraska	CBNE1	N	N	
NM	Blue Cross of New Mexico	CBNM1	N	N	
NV	Blue Cross of Nevada	84101	Y	N	No FEP Claims. Please send FEP Claims on paper or use Payer ID 06126.
NY	BCBS of Rochester New York	CBNYR	N	N	
NY	BCBS of Western NY	CBNYW	Y	<u>Y</u>	
NY	BS of Northeastern NY	CBNYE	Y	<u>Y</u>	
NY	Empire Blue Cross Blue Shield	CBNY1	N	N	
NY	Healthnow of Northeastern NY	CBNYE	Y	<u>Y</u>	
NY	Healthnow of Western NY	CBNYW	Y	<u>Y</u>	
OH	Blue Cross of Ohio Anthem	84105	Y	N	No FEP Claims. Please send FEP on paper or use Payer ID 06126.
OR	Blue Cross of Oregon	CB850	Y	<u>Y</u>	
PA	Blue Shield of Pennsylvania Dental Plus	CBPA2	Y	<u>Y</u>	
PA	Pennsylvania Blue Shield (Camp Hill)	CB865	Y	<u>Y</u>	
RI	Blue Cross of Rhode Island	CB870	Y	<u>Y</u>	
SC	South Carolina BCBS	38520	Y	<u>Y</u>	
TN	Blue Cross of Tennessee	CBTN1	Y	<u>Y</u>	
TX	Blue Cross of Texas	CB900	Y	N	
UT	Regence UT BCBS	CBUT1	Y	<u>Y</u>	
UT	Regence UT BCBS FEP	CBUTF	Y	<u>Y</u>	
VA	Trigon Blue Cross of Virginia (Anth BCBS-VA/ BCBS Anth-VA formerly Trigon)	CB923	Y	N	
WA	Blue Cross of Alaska and Washington	47570	Y	N	
WA	Regence Blue Shield	93200	Y	N	Unique provider ID required; please call NDEX at (800) 373-1477.
WA	Regence Blue Shield FEP	93200	Y	<u>Y</u>	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>	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	
	Delta Dental Insurance Co. (DDIC) - All Payers	94276	N	N	
	Delta Health Systems	94235	Y	N	
	DeltaCare USA Claims	DDCA2	Y	N	f.k.a. PMI
	Northeast Delta Dental (ME, NH, VT)	02027	Y	N	
AK	Delta Dental of Alaska (DDIC)	DDAK1	N	N	
AL	Delta Dental of Alabama (DDIC)	DDAL1	N	N	
AR	Delta Dental of Arkansas	CDAR1	Y	N	
AZ	Delta Dental of Arizona	86027	Y	N	
CA	Delta Dental of California - CA00 Claims Office	77777	Y	N	



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CA	Delta Dental of California/Tricare Retiree Dental	CDCA1	Y	N	
CO	Delta Dental of Colorado	84056	Y	N	
DC	Delta Dental of Washington DC	52147	Y	N	
DE	Delta Dental of Delaware	51022	Y	N	
FL	Delta Dental of Florida (DDIC)	DDFL1	N	N	
GA	Delta Dental of Georgia (DDIC)	DDGA1	N	N	
IA	Delta Dental of Iowa	CDIA1	Y	N	
ID	Delta Dental of Idaho	82029	Y	N	
IL	Delta Dental of Illinois	05030	Y	N	
IN	Delta Dental of Indiana	CDIN1	Y	N	
KS	Delta Dental of Kansas	CDKS1	Y	N	
KY	Delta Dental of Kentucky	CDKY1	Y	N	
LA	Delta Dental of Louisiana (DDIC)	DDLA1	N	N	
MA	Delta Dental of Massachusetts	04614	Y	N	
MA	DentaQuest	04356	Y	N	
MD	Delta Dental of Maryland (Pennsylvania)	23166	Y	N	
MI	Delta Dental of Michigan	CDMI0	Y	N	
MN	Delta Dental of Minnesota	CDMN1	Y	N	
MO	Delta Dental of Missouri	43090	Y	N	
MS	Delta Dental of Mississippi (DDIC)	DDMS1	N	N	
MT	Delta Dental of Montana (DDIC)	DDMT1	N	N	
NC	Delta Dental of North Carolina	56101	Y	N	
ND	Delta Dental of North Dakota	CDND1	Y	N	
NE	Delta Dental of Nebraska	CDNE1	Y	N	
NJ	Delta Dental of New Jersey	22189	Y	N	
NM	Delta Dental of New Mexico	85022	Y	N	
NV	Delta Dental of Nevada (DDIC)	DDNV1	N	N	
NY	Delta Dental of New York	11198	Y	N	
OH	Delta Dental of Ohio	CDOH1	Y	N	
OK	Delta Dental of Oklahoma	CDOK1	Y	N	
OR	Delta Dental of Oregon (Oregon Dental Service)	CDOR1	Y	N	
PA	Delta Dental of Pennsylvania	23166	Y	N	Incl. Maryland
RI	Altus	50503	Y	N	
RI	Delta Dental of Rhode Island	05029	Y	N	
SC	Delta Dental of South Carolina	43091	Y	N	
SD	Delta Dental of South Dakota	54097	Y	N	
TN	Delta Dental of Tennessee	CDTN1	Y	N	
TX	Delta Dental of Texas (DDIC)	DDTX1	N	N	
UT	Delta Dental of Utah (DDIC)	DDUT1	N	N	
VA	Delta Dental of Virginia	CDVA1	N	N	Effective 1-16-07: electronic payer ID for Claims printed and mailed to Delta Dental Virginia
WA	Washington Dental Service	91062	Y	N	
WI	Delta Dental of Wisconsin	39069	Y	N	
WV	Delta Dental of West Virginia	31096	Y	N	
WY	Delta Dental of Wyoming	CDWY1	Y	N	
AK	Alaska Medicaid	CKAK1	Y	N	
AL	Medicaid of Alabama	CKAL1	Y	<u>Y</u>	
AR	Medicaid of Arkansas	CKAR1	Y	<u>Y</u>	
CA	Denti-Cal	94146	Y	<u>Y</u>	Denti-Cal requires provider enrollment and has special data requirements. Contact Denti-Cal EDI Support at (916) 853-7373.



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CA	Medicaid of California	94146	Y	Y	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	Y	
CT	Medicaid of Connecticut	CKCT1	Y	N	
DC	District of Columbia Medicaid	CKDC1	Y	Y	
DE	Delaware Medicaid	CKDE1	Y	Y	
FL	Atlantic Dental Inc. (ADI) - Medicaid	CX052	Y	N	ADMINISTERED BY DORAL DENTAL
FL	DentaQuest - Government	CX052	Y	N	ADMINISTERED BY DORAL DENTAL
FL	Medicaid of Florida (FL)	CKFL1	Y	Y	
GA	Medicaid of Georgia (GA)	CKGA1	Y	Y	
IA	Medicaid of Iowa	CKIA1	Y	Y	
ID	Medicaid of Idaho	CKID1	Y	Y	
IL	DentaQuest - Government	CKIL1	Y	N	ADMINISTERED BY DORAL DENTAL
IL	Illinois Medicaid	CKIL1	Y	N	ADMINISTERED BY DORAL DENTAL
IN	Indiana Childrens Special Healthcare	CX070	Y	Y	
IN	Medicaid of Indiana	CKIN1	Y	N	
KS	Kansas Medicaid	CKKS1	Y	N	
KY	DentaQuest - Government	CKKY3	Y	N	ADMINISTERED BY DORAL DENTAL
KY	Kentucky Medicaid	CKKY1	Y	Y	
KY	Medicaid of Kentucky Region #3 (Doral Dental Services)	CKKY3	Y	N	ADMINISTERED BY DORAL DENTAL
LA	Louisiana Medicaid (Adult Dental)	CKLA2	Y	Y	
LA	Louisiana Medicaid (EPSDT)	CKLA1	Y	Y	
MA	Medicaid of Massachusetts	CKMA1	Y	N	ADMINISTERED BY DORAL DENTAL.
MD	Medicaid of Maryland, DePartment of Health and Mental Hygiene	CKMD1	N	N	
ME	Medicaid of Maine	CKME1	Y	Y	
MI	Michigan Medicaid	CKMI1	Y	N	
MN	Health Partners of Minnesota - Medicaid	CX010	Y	N	
MN	Medicaid of Minnesota	CKMN1	Y	Y	
MO	Medicaid of Missouri	CKMO1	Y	N	
MS	Mississippi Medicaid	CKMS1	Y	Y	
MT	Montana Medicaid	CKMT1	Y	N	
NC	Medicaid of North Carolina	CKNC1	Y	N	
ND	North Dakota Medicaid	CKND1	Y	N	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	Y	
NH	Medicaid of New Hampshire	CKNH1	Y	N	
NJ	Medicaid of New Jersey	CKNJ1	Y	Y	
NM	New Mexico Medicaid	CKNM1	Y	Y	
NV	Medicaid of Nevada	CKNV1	Y	Y	
NY	Medicaid of New York (Dental Clinics Only)	CKNY2	Y	Y	
NY	New York Medicaid	CKNY1	Y	Y	
OH	CareSource	CKOH2	Y	Y	
OH	Medicaid of Ohio	CKOH1	Y	Y	
OK	Medicaid of Oklahoma	CKOK1	Y	N	
OR	Medicaid of Oregon	CKOR1	Y	Y	
PA	Medicaid of Pennsylvania	CKPA1	Y	Y	



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RI	Medicaid of Rhode Island	CKRI1	Y	Y	
SC	South Carolina Medicaid	CKSC1	Y	Y	
TX	Medicaid of Texas	CKTX1	Y	N	
UT	Medicaid of Utah	CKUT1	Y	Y	
VA	Virginia Medicaid	CKVA1	Y	N	ADMINISTERED BY DORAL DENTAL.
VT	Medicaid of Vermont	CKVT1	Y	Y	
WA	Medicaid of Washington	CKWA1	Y	Y	
WI	DentaQuest - Government	CX014	Y	N	ADMINISTERED BY DORAL DENTAL
WI	Doral Dental Plan of Wisconsin	CX014	Y	N	ADMINISTERED BY DORAL DENTAL
WI	Medicaid of Wisconsin	CKWI1	Y	N	
WV	Medicaid of West Virginia	CKWV1	Y	Y	
WY	Medicaid of Wyoming	CKWY1	Y	Y	