

**Data Tec, Inc.**



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[www.ezdent.com](http://www.ezdent.com)



**Dear Doctor & Staff:**

**Thanks** for using *EasyDent* for your practice.

The following pages are come information needed to sign up for the Emdon/WebMD electronic claims service. The software interface is built into *EasyDent* there is no additional software expense.

Once you sign up you will be sent a Facility ID number and other items from Emdeon/WebMD.

Please call us for some pointers on the easiest way of submitting claims.

I know you will find that submitting claims electronically are easier than paper and it saves both time and money!

Cordially,

*Hal Goodall*

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## Dentists

Turning Efficient Dental Solutions into Powerful Business Intelligence

Emdeon Dental is one of the largest electronic clearinghouses for dental claims and the leading provider of dental EDI solutions. Over 55,000 dentists, utilizing over 140 dental software systems, have chosen Emdeon Dental as their electronic claims vendor of choice. Our interactive eligibility service enables provider offices to communicate directly with insurance companies to receive patient plan benefits. With Emdeon Dental Services your office is able to check eligibility and benefit information while your patient is still in the office, helping your practice become more efficient. Easily submit all of your insurance claims and quickly check the status of submitted claims with the touch of a button.

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[The National Provider Identifier \(NPI\)-  
What every dentist should know](#)
[Compatible Dental Software Systems](#)

### Electronic Claims

At Emdeon, we believe there's a more efficient way to run your practice, and because of our expertise, we're the only electronic transaction service to be selected especially for ADA members.

[More Information](#)

### DDS Download Center

This section is available to assist our current users in obtaining updated software and tips on filing claims.

[More Information](#)

### Electronic Real-time Eligibility

Emdeon Dental Solutions immediately give you the eligibility and benefit information you need to assist your patients in making treatment decisions.

[Emdeon Dental Provider Services \(DPS\)](#)

### Emdeon Forms, Filing Systems & Supplies

The only source you'll need for custom printed products, custom/stock filing/ charting items, and office supplies.

[More Information](#)

### Emdeon Patient Billing & Payment Solutions

Expert solutions for patient billing management. Patient statements are produced quickly with a professional appearance while reducing costs.

[Emdeon ExpressBill Services](#)  
[Emdeon Address Correction Services](#)
[Emdeon Patient Accounts Center \(EPAC\)](#)
[Emdeon Online Bill Presentation](#)
[Emdeon Online Bill Payment](#)
[Emdeon eArchive/CD Archive](#)
[Emdeon Electronic Lockbox Services](#)
[Emdeon Patient Communications](#)

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## Electronic Claims

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## Electronic Claims

[Contact Us](#) | [Savings Calculator](#)

Emdeon's electronic claims processing takes all the paper and most of the work out of insurance claims. By filing your claims electronically, you eliminate the data entry and follow-up steps required by paper claims. You'll find claims are submitted more efficiently and with fewer errors and omissions. That means faster turn around time and fewer returned or denied claims because of manual data entry mistakes.

Because connectivity between dental insurers and dental offices is facilitated through our partnerships with independent software vendors, our providers conduct everyday transactions more easily, more efficiently, more accurately, and less expensively than ever before.

### Features:

- Interfaces with over 140 dental software systems
- Payer-specific editing and error checking
- Electronic submission to over 300 payers
- Claims printed and mailed to non-electronic payers
- Internet connectivity
- Detailed reports
- Client support service center

### Benefits:

- Simplifies procedures
- Decreases time spent preparing claims
- Reduces errors and omissions
- Speeds submission and processing of claims
- Expedites reimbursement
- Eliminates postage, supplies, and mailing tasks
- Reduces rejected claims
- Increases productivity and efficiency
- Improves cash flow

Use the [Savings Calculator](#) to calculate your own savings.



Dental EDI products and services are endorsed by ADA Member Advantage. ADA Member Advantage is a service mark of the American Dental Association. ADA Member Advantage is a program brought to you by ADA Business Enterprises, Inc., a for-profit subsidiary of the American Dental Association.

To learn more about electronic claim filing with Emdeon Dental, call 877.EMDEON.6 or [e-mail us](#).

[Contact a Representative](#)  
Click here or call 877.EMDEON.6

## Desktop solution for real-time eligibility & plan benefits

Ideal for both front and back office users in every dental office setting, Dental real-time eligibility service is an easy-to-use solution providing instant connectivity to leading commercial and government insurers.

[▶ Download Brochure](#)

Please mail or fax to: Emdeon Business Services, 2865 Amwiler Road, Suite 200, Atlanta, GA 30360  
 Phone: 888-416-0673, Fax: 404-521-4600



# Registration

Form

Page 1 of 3

Are you registering for electronic claims?  Yes  No

Are you registering for real-time eligibility transaction services?  Yes  No

**A** Please type or print.

Practice Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Provider information:**

<b>Provider #1</b>	<input type="text"/>	<input type="checkbox"/> TIN <input type="checkbox"/> SS <input type="checkbox"/> EIN	<input type="text"/>
First Name	Last Name	Tax ID Number	License Number
<b>Provider #2</b>	<input type="text"/>	<input type="checkbox"/> TIN <input type="checkbox"/> SS <input type="checkbox"/> EIN	<input type="text"/>
First Name	Last Name	Tax ID Number	License Number
<b>Provider #3</b>	<input type="text"/>	<input type="checkbox"/> TIN <input type="checkbox"/> SS <input type="checkbox"/> EIN	<input type="text"/>
First Name	Last Name	Tax ID Number	License Number
<b>Provider #4</b>	<input type="text"/>	<input type="checkbox"/> TIN <input type="checkbox"/> SS <input type="checkbox"/> EIN	<input type="text"/>
First Name	Last Name	Tax ID Number	License Number
<b>Provider #5</b>	<input type="text"/>	<input type="checkbox"/> TIN <input type="checkbox"/> SS <input type="checkbox"/> EIN	<input type="text"/>
First Name	Last Name	Tax ID Number	License Number

**B** The following payers request additional information. We will send you additional enrollment paperwork. Are you a:

- Medicaid Provider?
- Delta Dental Provider?
- Blue Cross/Blue Shield Provider?
- United Concordia/Tricare-FMDF Provider?

**Computer information:**

Dental Software Name:     EZ Dent    

Version: \_\_\_\_\_

Do you use:  Windows 2000  Windows NT, XP

Do you have:  Dial up modem  Internet  Both

**C** Emdeon Real-Time Transaction Service Fees

The following payers require additional enrollment. If you will be checking eligibility for one of these plans, please indicate which plan:

- BCBS AL
- Medicaid NY\*
- Medicaid FL\*
- Blue Cross CA\*

\* Additional information required below:

FLMED - Billing Provider #: \_\_\_\_\_

NYMED - Billing Provider #: \_\_\_\_\_

NYMED Clinic/Group/Indv Provider # Classification: \_\_\_\_\_

CA BC - Rendering Provider State License Number: \_\_\_\_\_

I have the authority to, and hereby do, enter into this Agreement on behalf of my Organization, including on behalf of all providers and users affiliated with this Organization. I understand that my Organization is legally bound by the terms and conditions of this Agreement printed on the reverse side.

I hereby select OPTION \_\_\_\_\_ (see section D on reverse side for options) as shown above and understand that my monthly bill be debited according to my selected payment option.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_





# Registration

Form

Page 2 of 3

**C** Emdeon Real-Time Transaction Service Fees (Continued)

Select one pricing package for your Dental practice.

Selection	Number of Dentists in Practice	Emdeon Claim Submitter	Emdeon Setup Fee	# of Monthly Transactions Included in Monthly Fee	Monthly Fee (Per Physical location) Plus Applicable Pass Through Charges	Each Transaction Over Monthly Allowance	Product
<input type="checkbox"/>	1-3	Yes	Waived	225	\$17.95	\$.08	Eligibility/Benefits Monthly Fee Free Through 9/30/06
<input type="checkbox"/>	4-10	Yes	Waived	300	\$22.95	\$.08	
<input type="checkbox"/>	11+	Yes	Waived	400	\$31.95	\$.08	
<input type="checkbox"/>	1-3	No	\$25	225	\$24.95	\$.08	Eligibility/Benefits Monthly Fee Free Through 9/30/06
<input type="checkbox"/>	4-10	No	\$25	300	\$29.95	\$.08	
<input type="checkbox"/>	11+	No	\$25	400	\$38.95	\$.08	

**D** Emdeon offers two (2) forms of payment for our services. Emdeon invoices you electronically once a month. Debits will be made on approximately the following 7th of the month. All offices who register must choose one of the following

**Option 1 - Payment from the checking account (This is the payment choice of most dental offices)**

Undersigned hereby agrees and authorizes Emdeon or its transfer agent to initiate entries to debit or credit the Account at the depository institution (bank) identified below. This authorization is to remain in full force until Emdeon has received written notification of its termination at least three (3) days prior to any scheduled payments. **You must attach or fax a voided check if you choose this option.**

**Option 2 - Payment from bankcard account** Undersigned hereby agrees and authorizes Emdeon to keep my signature on file and to charge the bankcard account identified below for all amounts due on the Emdeon account.



Acc't Number:                      Expires: \_\_\_/\_\_\_

I hereby select OPTION \_\_\_ as shown above and accept all conditions attached thereto in accordance with normal policy. I want to submit my claims through your electronic system, and appoint Emdeon to be my agent when necessary for the submission of our claims. Emdeon will audit and validate the claims, and send them to the appropriate third party payors. Emdeon will invoice the provider monthly at the rate of \$.50 per electronic or paper claim and \$.25 per Medicaid claims if transmitted to Emdeon (minimum billing per month is \$15.00, starts the 1st full month following first transmission). A \$25 administration fee will be charge for the set up of each Medicaid state. If Emdeon makes some error that causes the claim to be rejected or the claim is lost, then Emdeon will refile the claim at no additional charge to you. I agree to hold Emdeon harmless from all lawsuits or claims related to this agreement, and I understand that Emdeon makes no warranty expressed or implied for its services hereunder. Emdeon reserves the right, for statistical purposes, to compile general claims data for third parties.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\$75 Electronic Claim Registration fee will be debited according to the method of payment option chosen.  
 EZ Dent