

Emdeon Dental Service Connect for Providers (EDC-Providers)

Account Registration Checklist

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Version 1.0

Registration Checklist

For your convenience, this checklist allows you to prepare for account registration by listing the data items necessary to complete the registration process. By collecting this information ahead of time using this document, your registration process will be quick and easy.

Account Information

- Name of Practice: _____
- Practice Address: _____

- Phone Number: _____
- Email Address: _____
- Fax Number: _____

Authorized User Information:

- User First Name: _____
- User Last Name: _____
- Choose a User ID (up to 20 characters): _____
- Choose a Password*: _____

**Password must be 8-12 characters. Must include at least 1 number, 1 lower case character, 1 upper case character, and 1 special character.*

Practice Information:

- Number of Dental Providers in your practice: _____
- List the Tax IDs used in your office for submitting electronic claims:

_____	_____
_____	_____
_____	_____
_____	_____

- List Two (2) claims, submitted electronically with a date of service that falls within The last thirty (30) days:

Claim #1

Subscriber ID: _____

Claim Amount: \$ _____

Claim #2

Subscriber ID: _____

Claim Amount: \$ _____

Billing Information* (have **one** of the following available):

- Credit Card Number (Visa, MasterCard, Amex)
- ACH Withdrawal:

Account #: _____

Routing #: _____

Financial Institution Name: _____

***Billing information is only required when purchasing a billable product.*