200 S Tryon St Suite 1700
Charlotte, NC 28202
Phone 877-466-9656

MEDICAL MUTUAL OF OHIO

ELECTRONIC DENTAL CLAIMS
ENROLLMENT REGISTRATION INSTRUCTIONS

PAYER ID NUMBER — **CB833**

PAYER EDI RESTRICTIONS — No restrictions

ELECTRONIC REGISTRATIONS — **Secure EDI Enrollment Form**
Please complete all enrollment documents.

PLEASE NOTE: Group practices **MUST** list all rendering provider names and Medicaid provider numbers.

SEND REGISTRATION FORMS TO: — Please mail completed forms to:
Secure EDI
Attn: Provider Enrollment
200 S Tryon St Suite 1700
Charlotte, NC 28202

Or Fax to : (917) 591-8247

ENROLLMENT CONFIRMATION — Enrollment will be coordinated by Secure EDI. Once approval is received Secure EDI will notify the provider.

CONTACT — For Further Information or Assistance, please call Secure EDI customer call center with your enrollment questions at **(877) 466-9656** or e-mail **cs@secureedi.com**.

Please allow proper processing time for your enrollment request to complete system configurations, until approved continue to bill your claims by paper.

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Electronic Dental Claims Payer Enrollment

Medical Mutual of Ohio

Payer ID Number: **CB833**

Enrollment Requirements: Secure EDI Payer Enrollment Request form

Registration Forms: Mail to: Secure EDI
Attention Enrollment
200 S Tryon St Suite 1700
Charlotte, NC 28202

Or Fax to: Attention Enrollment
(917) 591-8247

Provider/Organization Name: ____

Address: ____

City, State & Zip Code: ____

Office Phone Number: ______________________ Fax # _______________________

Tax ID or Social Security Number
of the submitting provider or organization: __________________________________

Group Provider Number (if applicable): ___________________________________

If a Group, please list the following:
Provider Name(s):

______________________________ ________________________________

______________________________ ________________________________

______________________________ ________________________________

______________________________ ________________________________

Contact Name: _________________________ Position: ________________________

Date of Request: ________________________

For Further Information or Assistance, please call Secure EDI customer call center with your enrollment questions at (877) 466-9656 or e-mail enrollment@secureedi.com

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