

Electronic Claim Application

Requester Information Please complete all required* fields below.			
United Concordia Provider Number			
NPI Number*			
Tax Identification or Social Security Number*			
Your Name*			
Your Title*			
Name of Office*			
Street Address 1*			
Street Address 2			
City*		State*	Zip*
Office Phone Number*			

Clearinghouse Information			
Clearinghouse Source Code (if known)			
Clearinghouse Name			
Software Vendor Name*			

A Note on Turnaround Times

Within 1-3 business days you will be contacted by a Dental Electronic Services representative regarding the status of this request.