



EMDEON DENTAL

DENTAL PROVIDER SERVICES
(“DPS”)

Internet Based Provider Services System

Quick Reference Guide
Registration Checklist

Registration Checklist

For your convenience, this checklist allows you to prepare for registration by listing the components necessary to complete the registration process. By collecting this information ahead of time on this page, your registration process will be quick and easy.

- Choose a User ID (up to 20 characters) _____
- Choose a Password (6-12 characters, a least 1 number) _____
- Choose an Account Name (optional – identifies your dental office) _____
- Office email address (optional – recommended) _____@_____
- Number of dental providers in your practice _____
- List the Tax IDs used in your office for submitting electronic claims:
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
- Two (2) claims, submitted electronically (*with a date of service that falls within the last thirty (30) days*). Electronic claims sent to Aetna, Cigna, MetLife and / or Guardian are recommended but not required.
 - From each claim:
 - Claim #1
 - Subscriber ID _____
 - Claim Amount \$ _____
 - Claim #2
 - Subscriber ID _____
 - Claim Amount \$ _____
- Billing Information (have one of the following ready):
 - Credit card # (Amex, Visa, and MasterCard); or
 - Direct Withdrawal (Help finding these is available when entering information into the DPS):
 - Routing # _____
 - Account # _____
 - Institution # _____

****Having this information ahead of time will greatly enhance your registration experience.***

*****After completing the first registration screen, you may leave the registration process at any time and use the ID and Password you have created to complete the registration process at a later time.***