



Blue Cross Blue Shield of Mississippi

Attention Providers:

To start sending your Blue Cross Blue Shield of Mississippi claims through DentalXChange you will need to follow the instructions below required by the payer.

Payer:	Blue Cross Blue Shield of Mississippi
Payer ID:	CBMS1
For Enrollment Questions:	Contact the DentalXChange Enrollment Department at (800) 576-6412 ext. 461 or Enrollment@dentalxchange.com
Payer Enrollment Application:	Dental Electronic Claims Information Worksheet
Email or Fax Application to:	Enrollment@dentalxchange.com Fax (800) 866-0006
Special Instructions:	Group Practices are required to register group/billing NPI numbers with BCBS of Mississippi. Please contact the Provider Enrollment Department at BCBS of Mississippi at (800) 222-8046 to make sure your NPIs are credentialed.
Approval Process and Timeframes:	Payer estimates 5-7 business days for processing. DentalXChange will notify you of approval.

4/17/23



**DENTAL ELECTRONIC CLAIMS INFORMATION
Worksheet**

CLEARINGHOUSE NAME: EHG, Inc. Dentalxchange	
PROVIDER INFORMATION (PLEASE PRINT)	
Provider Name	
Facility /Practice Name	
Address	
City, State, ZIP	
Contact Name	
Email Address	
Telephone	Fax

IDENTIFICATION NUMBERS	
TAX ID	Provider ID/NPI
Provider ID/NPI	Provider ID/NPI
Provider ID/NPI	Provider ID/NPI
Provider ID/NPI	Provider ID/NPI
Provider ID/NPI	Provider ID/NPI
Provider ID/NPI	Provider ID/NPI