

*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, at 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 or Mastercard):  
or  
Direct withdrawal (Help finding these is available when entering information into the DPS):

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

*\*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.*