Insurance Carrier List

Kid Focus Dentistry

Insurance Name and Address	Contact Information		Claim Setup Information
	Phone: **Website:**		**Method:** Electronic
	Fax:		**ECP Payer ID:** 64246
	Email:	**Type:** Dental	**Provider ID:** 1
	Contact:	**Form:** ADA2012	**Payer Office:** NOCD
	Phone: **Website:**		**Method:** Electronic
	Fax:		**ECP Payer ID:** CX007
	Email:	**Type:** Dental	**Provider ID:** 1
	Contact:	**Form:** ADA2012	**Payer Office:** NOCD
	Phone: **Website:**		**Method:** Electronic
	Fax:		**ECP Payer ID:** 11198
	Email:	**Type:** Dental	**Provider ID:** 1
	Contact:	**Form:** ADA2012	**Payer Office:** NOCD
	Phone: **Website:**		**Method:** Electronic
	Fax:		**ECP Payer ID:** 05029
	Email:	**Type:** Dental	**Provider ID:** 1
	Contact:	**Form:** ADA2018	**Payer Office:** NOCD
8th District Po Box 30101 Salt Lake City UT 84130-	**Phone:** (800) 628-6562 **Website:**		**Method:** Electronic
	Fax:		**ECP Payer ID:** 74234
	Email:	**Type:** Dental	**Provider ID:** 1
	Contact:	**Form:** ADA2007	**Payer Office:** nocd
Aenta Dental Inter Po. Box 14094 L Lexington KY 40512-	**Phone:** (800) 231-7729 **Website:**		**Method:** Electronic
	Fax:		**ECP Payer ID:** 60054
	Email:	**Type:** Dental	**Provider ID:** 1
	Contact:	**Form:** ADA2007	**Payer Office:** nocd
Aenta Shield Ca Dental Claims Po Box 272540 Chico CA 95927-	**Phone:** (888) 702-4171 **Website:**		**Method:** Electronic
	Fax:		**ECP Payer ID:** 52133
	Email:	**Type:** Dental	**Provider ID:** 1
	Contact:	**Form:** ADA2012	**Payer Office:** nocd
Aetna PO BOX 14094 LEXINGTON KY 40512-4094	**Phone:** (800) 451-7715 **Website:** www.aetnadental.com		**Method:** Electronic
	Fax:		**ECP Payer ID:** 60054
	Email:	**Type:** Dental	**Provider ID:** 1
	Contact:	**Form:** ADA2007	**Payer Office:** NOCD
Aetna Dental (Loomis) P.O.Box 13668 Reading PA 19612-	**Phone:** (866) 473-6615 **Website:**		**Method:** Immediate
	Fax:		**ECP Payer ID:** CB231
	Email:	**Type:** Dental	**Provider ID:** 1
	Contact:	**Form:** ADA2018	**Payer Office:**

Insurance Carrier List

Kid Focus Dentistry

Insurance Name and Address			Contact Information			Claim Setup Information	
Aetna/ SRC DENTAL			**Phone:** (888) 632-3862	**Website:**		**Method:**	Electronic
Po. Box 14094			**Fax:**			**ECP Payer ID:**	57604
			Email:		**Type:** Dental	**Provider ID:**	1
Lexington	KY	40512-	**Contact:**		**Form:** ADA2007	**Payer Office:**	nocd
Allied Benefit Sistem LLC			**Phone:** (800) 288-2078	**Website:**		**Method:**	Electronic
PO Box 909786-60690			**Fax:**			**ECP Payer ID:**	37308
			Email:		**Type:** Dental	**Provider ID:**	1
Chicago	IL	60690-	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
Always Care			**Phone:** (855) 400-9330	**Website:**		**Method:**	Electronic
PO Box 80139			**Fax:**			**ECP Payer ID:**	STR01
			Email:		**Type:** Dental	**Provider ID:**	1
Batonrouge	LA	70898-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
Ambriben			**Phone:** (866) 504-6814	**Website:**		**Method:**	Electronic
Po Box 7186			**Fax:**			**ECP Payer ID:**	75137
			Email:		**Type:** Dental	**Provider ID:**	1
Boise	ID	83707-	**Contact:**		**Form:** ADA2007	**Payer Office:**	nocd
AmeriBen			**Phone:** (866) 504-6813	**Website:** http://www.myameriben.com		**Method:**	Electronic
Po Box 7186			**Fax:**			**ECP Payer ID:**	75137
			Email:		**Type:** Dental	**Provider ID:**	1
Boise	ID	83707-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
Ameritas			**Phone:** (800) 487-5553	**Website:** http://www.ameritasgroup.com/		**Method:**	Electronic
PO BOX 82520			**Fax:** (402)467-7336			**ECP Payer ID:**	47009
			Email: group@ameritas.com		**Type:** Dental	**Provider ID:**	1
Lincoln	NE	68501-2520	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Ameritas			**Phone:** (800) 497-7044	**Website:**		**Method:**	Electronic
PO Box 82510			**Fax:**			**ECP Payer ID:**	36088
			Email:		**Type:** Dental	**Provider ID:**	1
Lincoln	NE	68501-	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
ANTHEM BCBS			**Phone:** (855) 769-1467	**Website:**		**Method:**	Electronic
PO Box 1115			**Fax:**			**ECP Payer ID:**	84099
			Email:		**Type:** Dental	**Provider ID:**	1
Minneapolis	MI	55440-1115	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Anthem Bcbs			**Phone:** (855) 769-1467	**Website:**		**Method:**	Electronic
Po. Box 1115			**Fax:**			**ECP Payer ID:**	84103
			Email:		**Type:** Dental	**Provider ID:**	1
Minneapolis	MN	55440-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD

Insurance Carrier List

Kid Focus Dentistry

Insurance Name and Address			Contact Information			Claim Setup Information	
ANTHEM BCBS			**Phone:** (800) 676-2583	**Website:**		**Method:**	Immediate
PO BOX 1115			**Fax:**			**ECP Payer ID:**	
			Email:		**Type:** Dental	**Provider ID:**	1
Minneapolis	MN	55440-	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
ANTHEM BCBS			**Phone:** (844) 271-5547	**Website:**		**Method:**	Immediate
PO BOX 1115			**Fax:**			**ECP Payer ID:**	47198
			Email:		**Type:** Dental	**Provider ID:**	1
Minneapolis	MN	55440-1115	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
Anthem BCBS			**Phone:** (855) 769-1467	**Website:**		**Method:**	Immediate
PO BOX 1115			**Fax:**			**ECP Payer ID:**	84009
			Email:		**Type:** Dental	**Provider ID:**	1
Minneapolis	MN	55440-1115	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Anthem BCBS			**Phone:** (877) 604-2142	**Website:**		**Method:**	Immediate
PO BOX 1115			**Fax:**			**ECP Payer ID:**	84105
			Email:		**Type:** Dental	**Provider ID:**	1
Minneapolis	MN	55440-1115	**Contact:**		**Form:** ADA2018	**Payer Office:**	
Anthem BCBS N21930n001			**Phone:** (866) 470-7250	**Website:**		**Method:**	Electronic
Po. Box 659444			**Fax:**			**ECP Payer ID:**	84105
			Email:		**Type:** Dental	**Provider ID:**	1
San Antonio	TX	78265-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Anthem BCBS -- kroger			**Phone:** (800) 258-0503	**Website:**		**Method:**	Electronic
Po Box 145			**Fax:**			**ECP Payer ID:**	84105
			Email:		**Type:** Dental	**Provider ID:**	1
Minneapolis	MN	55440-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Anthem Bcbs Co Federal			**Phone:** (800) 852-5957	**Website:**		**Method:**	Batch
Po. Box 105557			**Fax:**			**ECP Payer ID:**	
			Email:		**Type:** Dental	**Provider ID:**	1
Atlanta	GA	30348-5557	**Contact:**		**Form:** ADA2012	**Payer Office:**	
Anthem Bcbs Dental			**Phone:** (855) 769-1462	**Website:**		**Method:**	Electronic
Po Box1115			**Fax:**			**ECP Payer ID:**	84009
			Email:		**Type:** Dental	**Provider ID:**	1
Minneapolis	MN	55440-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Anthem BCBS FEDERAL Program colorado			**Phone:** (800) 852-5957	**Website:**		**Method:**	Electronic
PO Box 105557			**Fax:**			**ECP Payer ID:**	ANTHEMXXDENTAL
			Email:		**Type:** Dental	**Provider ID:**	1
Atlanta	GA	30348-5557	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD

Insurance Carrier List

Kid Focus Dentistry

Insurance Name and Address			Contact Information			Claim Setup Information	
Anthem BCBS MONTANA			**Phone:** (800) 447-7828	**Website:**		**Method:**	Electronic
Po Box 7982			**Fax:**			**ECP Payer ID:**	CBMT1
			Email:		**Type:** Dental	**Provider ID:**	1
Helina	MT	59604-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Anthem BCBS Nebraska			**Phone:** (800) 676-2583	**Website:**		**Method:**	Electronic
PO Box 3248			**Fax:**			**ECP Payer ID:**	CBNE1
			Email:		**Type:** Dental	**Provider ID:**	1
Omaha	NE	68180-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Anthem Bcbs oh/ky/oh			**Phone:** (877) 604-2142	**Website:**		**Method:**	Electronic
Po Box 188			**Fax:**			**ECP Payer ID:**	84105
			Email:		**Type:** Dental	**Provider ID:**	1
Minniapolis	MN	55440-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
Anthem Bcbs Seattle			**Phone:** (800) 676-2583	**Website:**		**Method:**	Electronic
Po Box 91059			**Fax:**			**ECP Payer ID:**	06126
			Email:		**Type:** Dental	**Provider ID:**	1
Seattle	WA	98111-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
Anthem BCBS TEXAS			**Phone:** (800) 627-0004	**Website:**		**Method:**	Immediate
PO Box 659444			**Fax:**			**ECP Payer ID:**	84099
			Email:		**Type:** Dental	**Provider ID:**	1
San Antonio	TX	78265-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Anthem Bcbs Wy			**Phone:** (800) 442-2376	**Website:**		**Method:**	Electronic
PO BCBS Wy			**Fax:**			**ECP Payer ID:**	none
Po. Box 2266			**Email:**		**Type:** Dental	**Provider ID:**	1
Cheyenne	WY	82003-	**Contact:**		**Form:** ADA2012	**Payer Office:**	nocd
Anthem Mass			**Phone:** (800) 882-1178	**Website:**		**Method:**	Electronic
			Fax:			**ECP Payer ID:**	CBMA1
Po Box 986005			**Email:**		**Type:** Dental	**Provider ID:**	1
Boston	MA	02298-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
Anthem Of Colorado			**Phone:** (855) 769-1467	**Website:**		**Method:**	Immediate
PO BOX 1115			**Fax:**			**ECP Payer ID:**	84105
			Email:		**Type:** Dental	**Provider ID:**	1
Minneapolis	MN	55440-	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
ASSURANT			**Phone:** (800) 442-7742	**Website:** https://www.assurantemployeebenefits.c		**Method:**	Electronic
PO BOX 2940			**Fax:**			**ECP Payer ID:**	70408
			Email:		**Type:** Dental	**Provider ID:**	1
Clinton	IA	52733-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD

Insurance Carrier List

Kid Focus Dentistry

Insurance Name and Address			Contact Information			Claim Setup Information	
ASSURANT HEALTH			**Phone:** (888) 290-1694	**Website:**		**Method:**	Electronic
PO BOX 2829			**Fax:**			**ECP Payer ID:**	ashc1
			Email:		**Type:** Dental	**Provider ID:**	1
Clinton	IA	52733-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Athem			**Phone:**	**Website:**		**Method:**	Electronic
Po Box 1115			**Fax:**			**ECP Payer ID:**	84099
			Email:		**Type:** Dental	**Provider ID:**	1
Minneapolis	MN	55440-1115	**Contact:**		**Form:** ADA2012	**Payer Office:**	nocd
BCBS			**Phone:** (800) 258-0503	**Website:**		**Method:**	Electronic
			Fax:			**ECP Payer ID:**	84105
PO Box 145			**Email:**		**Type:** Dental	**Provider ID:**	1
Minneapolis	MN	55440-	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
BCBS			**Phone:** (866) 891-2804	**Website:**		**Method:**	Immediate
PO Box 14115			**Fax:**			**ECP Payer ID:**	00580
			Email:		**Type:** Dental	**Provider ID:**	1
Lexington	KY	40512-	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
BCBS Alabama			**Phone:** (205) 985-5378	**Website:**		**Method:**	Electronic
PO Box 830389			**Fax:**			**ECP Payer ID:**	CBAL1
			Email:		**Type:** Dental	**Provider ID:**	1
Birmingham	AL	35283-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
BCBS Dental Blue 100 200 300			**Phone:** (800) 872-5439	**Website:**		**Method:**	Electronic
Pobix 659444			**Fax:**			**ECP Payer ID:**	84099
			Email:		**Type:** Dental	**Provider ID:**	1
San Antonio	TX	78265-	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
BCBS Fed Program			**Phone:** (800) 852-5957	**Website:**		**Method:**	Immediate
PO BOX 105557			**Fax:** (888)859-3046			**ECP Payer ID:**	
			Email:		**Type:** Dental	**Provider ID:**	1
Atlanta	GA	30348-5557	**Contact:**		**Form:** ADA2018	**Payer Office:**	
BCBS FEPDental			**Phone:** (855) 504-2583	**Website:**		**Method:**	Electronic
Po Box 75			**Fax:**			**ECP Payer ID:**	BCAFD
			Email:		**Type:** Dental	**Provider ID:**	1
Minneapolis	MN	55440-	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
Bcbs Il			**Phone:** (800) 548-1686	**Website:**		**Method:**	Electronic
PO Box 23059			**Fax:**			**ECP Payer ID:**	CB621
			Email:		**Type:** Dental	**Provider ID:**	1
Bellezille	IL	62223-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD

Insurance Carrier List

Kid Focus Dentistry

Insurance Name and Address			Contact Information			Claim Setup Information	
BCBS IL			**Phone:** (800) 367-6401	**Website:**		**Method:**	Immediate
PO BOX 660247			**Fax:**			**ECP Payer ID:**	00621
			Email:		**Type:** Dental	**Provider ID:**	1
Dallas	TX	75266-0247	**Contact:**		**Form:** ADA2018	**Payer Office:**	
Bcbs Kansas			**Phone:** (800) 432-3990	**Website:**		**Method:**	Electronic
1133 S West Topeka Blvd			**Fax:**			**ECP Payer ID:**	47163
			Email:		**Type:** Dental	**Provider ID:**	1
Topeka	KS	66629-	**Contact:**		**Form:** ADA2012	**Payer Office:**	nocd
BCBS MA			**Phone:** (877) 707-2583	**Website:**		**Method:**	Electronic
PO BOX 55917			**Fax:**			**ECP Payer ID:**	03036
			Email:		**Type:** Dental	**Provider ID:**	1
Boston	MA	02205-	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
BCBS Mass			**Phone:** (800) 859-4417	**Website:**		**Method:**	Immediate
PO BOX 986005			**Fax:**			**ECP Payer ID:**	CBMA1
			Email:		**Type:** Dental	**Provider ID:**	1
BOSTON	MA	02298-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
BCBS MASS /Denta Max			**Phone:** (800) 358-2227	**Website:**		**Method:**	Immediate
Po Box 986005			**Fax:**			**ECP Payer ID:**	CBMA1
			Email:		**Type:** Dental	**Provider ID:**	1
Boston	MA	02298-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
BCBS Minnesota			**Phone:** (855) 504-2583	**Website:**		**Method:**	Electronic
PO Box 75			**Fax:**			**ECP Payer ID:**	BCAFD
			Email:		**Type:** Dental	**Provider ID:**	1
W Minneapolis	MN	55440-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
BCBS MN			**Phone:** (200) 835-9690	**Website:**		**Method:**	Immediate
P.O.Box 23090			**Fax:**			**ECP Payer ID:**	00790
			Email:		**Type:** Dental	**Provider ID:**	1
Belleville	IL	62223-	**Contact:**		**Form:** ADA2018	**Payer Office:**	1
BCBS Of New Mexico			**Phone:** (800) 835-8699	**Website:**		**Method:**	Immediate
PO Box 23090			**Fax:**			**ECP Payer ID:**	
			Email:		**Type:** Dental	**Provider ID:**	1
Belleville	IL	62223-0059	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
BCBS Of New Mexico			**Phone:** (800) 835-8699	**Website:**		**Method:**	Immediate
PO BOX 660247			**Fax:**			**ECP Payer ID:**	00790
			Email:		**Type:** Dental	**Provider ID:**	1
Dallas	TX	75266-	**Contact:**		**Form:** ADA2018	**Payer Office:**	

Insurance Carrier List

Kid Focus Dentistry

Insurance Name and Address			Contact Information			Claim Setup Information	
BCBS of North Carolina			**Phone:** (800) 214-4844	**Website:**		**Method:**	Electronic
Po Boxs 35			**Fax:**			**ECP Payer ID:**	61472
			Email:		**Type:** Dental	**Provider ID:**	1
Durham	NC	27702-	**Contact:**		**Form:** ADA2012	**Payer Office:**	nocd
BCBS Regence			**Phone:** (866) 227-0913	**Website:**		**Method:**	Immediate
Po Box 1106			**Fax:**			**ECP Payer ID:**	cbid1
			Email:		**Type:** Dental	**Provider ID:**	1
Lewiston	IA	83501-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
BCBS Regence			**Phone:** (866) 227-0913	**Website:**		**Method:**	Immediate
PO BOX 69437			**Fax:**			**ECP Payer ID:**	00910
			Email:		**Type:** Dental	**Provider ID:**	1
Harrisburg	PA	17106-	**Contact:**		**Form:** ADA2018	**Payer Office:**	
BCBS Regence			**Phone:** (866) 227-0913	**Website:**		**Method:**	Immediate
PO BOX 69436			**Fax:**			**ECP Payer ID:**	00910
			Email:		**Type:** Dental	**Provider ID:**	1
Harrisburg	PA	17106-	**Contact:**		**Form:** ADA2018	**Payer Office:**	
Bcbs Texas dallasTx			**Phone:** (800) 451-0287	**Website:**		**Method:**	Immediate
Po Box 660247			**Fax:**			**ECP Payer ID:**	CB900
			Email:		**Type:** Dental	**Provider ID:**	1
Dallas	TX	75266-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
BCBS TX			**Phone:** (800) 451-0287	**Website:**		**Method:**	Immediate
Po Box 660247			**Fax:**			**ECP Payer ID:**	84980
			Email:		**Type:** Dental	**Provider ID:**	1
Dallas	TX	75266-	**Contact:**		**Form:** ADA2007	**Payer Office:**	
Beam			**Phone:** (800) 648-1179	**Website:**		**Method:**	Electronic
P.O.Box 75372			**Fax:**			**ECP Payer ID:**	BEAM1
			Email:		**Type:** Dental	**Provider ID:**	1
Cincinnati	OH	45275-	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
Bennifit Assisant			**Phone:** (304) 562-1913	**Website:**		**Method:**	Batch
Po Box 790			**Fax:**			**ECP Payer ID:**	135221807
			Email:		**Type:** Dental	**Provider ID:**	1
Ripley	WV	25271-	**Contact:**		**Form:** ADA2007	**Payer Office:**	nocd
Bento Dental			**Phone:** (800) 734-8484	**Website:**		**Method:**	Immediate
Po Box 9028			**Fax:** (855)214-4888			**ECP Payer ID:**	000000
			Email:		**Type:** Dental	**Provider ID:**	1
Boston	MA	02114-	**Contact:**		**Form:** ADA2018	**Payer Office:**	

Insurance Carrier List

Kid Focus Dentistry

Insurance Name and Address			Contact Information			Claim Setup Information	
Blue Cross And Blue Shield Of Iowa			**Phone:** (877) 333-0164	**Website:**		**Method:**	Electronic
PO BOX 9354			**Fax:**			**ECP Payer ID:**	88848
			Email:		**Type:** Dental	**Provider ID:**	1
Des Moines	IA	50306-9354	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
Blue Cross Blue Shield Federal			**Phone:** (800) 852-5957	**Website:**		**Method:**	Immediate
Po Box 105557			**Fax:**			**ECP Payer ID:**	BCAFD
			Email:		**Type:** Dental	**Provider ID:**	1
Atlanta	GA	30348-5557	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
Blue Cross Blue Shield FEP DENTAL			**Phone:** (855) 504-2583	**Website:**		**Method:**	Immediate
PO BOX 75			**Fax:**			**ECP Payer ID:**	BCAFD
			Email:		**Type:** Dental	**Provider ID:**	1
Minneapolis	MN	55440-	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
blue cross blue shield MI			**Phone:** (888) 826-8152	**Website:**		**Method:**	Electronic
600 E Lafayette Blvd			**Fax:**			**ECP Payer ID:**	CBMI1
			Email:		**Type:** Dental	**Provider ID:**	1
Detroit	MI	48226-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Blue Cross Blue Shield MIchigan			**Phone:** (888) 826-8152	**Website:**		**Method:**	Immediate
po. box 49			**Fax:**			**ECP Payer ID:**	CBMI1
			Email:		**Type:** Dental	**Provider ID:**	1
Detroit	MI	48231-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Blue Cross Blue Shield Tn			**Phone:** (800) 523-1478	**Website:**		**Method:**	Electronic
1 Cameron Hill Circle Suite 0002			**Fax:**			**ECP Payer ID:**	CBTN1
			Email:		**Type:** Dental	**Provider ID:**	1
Chattanooga	TN	37402-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
Blue Cross Blue Shild Tx			**Phone:** (866) 899-9691	**Website:**		**Method:**	Electronic
Po Box 660247			**Fax:**			**ECP Payer ID:**	CB900
			Email:		**Type:** Dental	**Provider ID:**	1
Dalls	TX	75266-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Blue Cross BlueShield Of North Dakota			**Phone:** (844) 653-4056	**Website:**		**Method:**	Electronic
PO Box 69446			**Fax:**			**ECP Payer ID:**	CX007
			Email:		**Type:** Dental	**Provider ID:**	1
Harrisburg	PA	17106-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
Blue Cross Georgia			**Phone:** (877) 604-2158	**Website:**		**Method:**	Electronic
Po. Box 1115			**Fax:**			**ECP Payer ID:**	CBGA1
			Email:		**Type:** Dental	**Provider ID:**	1
Mpls	MO	55440-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD

Insurance Carrier List

Kid Focus Dentistry

Insurance Name and Address			Contact Information			Claim Setup Information	
Blue Cross IL			**Phone:** (800) 367-6401	**Website:**		**Method:**	Electronic
Po. Box 23059			**Fax:**			**ECP Payer ID:**	00621
			Email:		**Type:** Dental	**Provider ID:**	1
Bellezille	IL	62223-	**Contact:**		**Form:** ADA2007	**Payer Office:**	nocd
Blue Cross Il			**Phone:**	**Website:**		**Method:**	Electronic
			Fax:			**ECP Payer ID:**	CB621
Po Box 1126			**Email:**		**Type:** Dental	**Provider ID:**	1
Elkgrove	IL	60009-	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
Blue Cross Of Arkansa			**Phone:** (888) 224-5213	**Website:**		**Method:**	Electronic
			Fax:			**ECP Payer ID:**	CBAR1
			Email:		**Type:** Dental	**Provider ID:**	1
			Contact:		**Form:** ADA2007	**Payer Office:**	NOCD
Blue Cross Of Idaho			**Phone:** (866) 482-2250	**Website:**		**Method:**	Immediate
PO BOX 7408			**Fax:**			**ECP Payer ID:**	BLUEC
			Email:		**Type:** Dental	**Provider ID:**	1
Boise	ID	83707-	**Contact:**		**Form:** ADA2018	**Payer Office:**	
Blue Cross Regence Of Oregon			**Phone:** (800) 452-6333	**Website:**		**Method:**	Electronic
Po Box 30805			**Fax:**			**ECP Payer ID:**	CB850
			Email:		**Type:** Dental	**Provider ID:**	1
Sailt Lake City	UT	84130-0805	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Carington Benifit Solutions			**Phone:** (888) 878-8959	**Website:**		**Method:**	Electronic
P.O.Box 21681			**Fax:** (833)517-1852			**ECP Payer ID:**	60601
			Email:		**Type:** Dental	**Provider ID:**	1
Eagan	MN	55121-	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
CHP +			**Phone:** (303) 741-9300	**Website:** http://www.dentquest.com		**Method:**	Electronic
Po Box 2906			**Fax:**			**ECP Payer ID:**	cx014
			Email:		**Type:** Dental	**Provider ID:**	1
milwaukee	WI	53201-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
CIGNA			**Phone:** (800) 882-4462	**Website:** https://cignaforhcp.cigna.com/wps/porta		**Method:**	Electronic
PO BOX 188037			**Fax:** (859)550-2662			**ECP Payer ID:**	62308
			Email:		**Type:** Dental	**Provider ID:**	1
Chattanooga	TN	37422-8037	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Cigna - Freedom Life Insurance			**Phone:** (866) 745-8744	**Website:**		**Method:**	Electronic
P.O.Box 188061			**Fax:**			**ECP Payer ID:**	62308
			Email:		**Type:** Dental	**Provider ID:**	1
Chattanooga	TN	37422-8061	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD

Insurance Carrier List

Kid Focus Dentistry

Insurance Name and Address			Contact Information			Claim Setup Information	
Cigna Att&T			**Phone:** (800) 882-4462	**Website:**		**Method:**	Electronic
Po Box 188040			**Fax:**			**ECP Payer ID:**	62308
			Email:		**Type:** Dental	**Provider ID:**	1
Chattanooga	TN	37422-8037	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
CIGNA ELECTRICAL FUNDS			**Phone:**	**Website:**		**Method:**	Electronic
PO BOX 188004			**Fax:**			**ECP Payer ID:**	62308
			Email:		**Type:** Dental	**Provider ID:**	1
CHATANOOGA	TN	37422-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Cigna Great West			**Phone:** (866) 494-2111	**Website:**		**Method:**	Electronic
1000 Great West Dr			**Fax:**			**ECP Payer ID:**	62308
			Email:		**Type:** Dental	**Provider ID:**	1
Kennett	MO	63857-	**Contact:**		**Form:** ADA2007	**Payer Office:**	nocd
CIGNA TEAMSTERS CO			**Phone:** (303) 426-1000	**Website:**		**Method:**	Electronic
			Fax:			**ECP Payer ID:**	X
PO BOX 1167			**Email:**		**Type:** Dental	**Provider ID:**	1
ARVADA	CO	80001-	**Contact:**		**Form:** ADA2012	**Payer Office:**	X
CNIC HEALTH SOLUTIONS			**Phone:** (800) 426-7453	**Website:**		**Method:**	Batch
PO BOX 3559			**Fax:**			**ECP Payer ID:**	
			Email:		**Type:** Dental	**Provider ID:**	1
ENGLEWOOD	CO	80155-	**Contact:**		**Form:** ADA2007	**Payer Office:**	
Cninc			**Phone:** (303) 770-5710	**Website:**		**Method:**	Electronic
Po Box 359			**Fax:**			**ECP Payer ID:**	37227
			Email:		**Type:** Dental	**Provider ID:**	1
Englewood	CO	80155-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
Cofinity Ebms			**Phone:** (866) 462-9047	**Website:** www.ebms.com		**Method:**	Electronic
Po Box 21367			**Fax:**			**ECP Payer ID:**	81039
			Email:		**Type:** Dental	**Provider ID:**	1
Billings	MT	59104-	**Contact:**		**Form:** ADA2007	**Payer Office:**	nocd
Companian Life Denta Max			**Phone:** (877) 676-5789	**Website:**		**Method:**	Electronic
PO Box 1535			**Fax:**			**ECP Payer ID:**	77828
			Email:		**Type:** Dental	**Provider ID:**	1
Dubuque	IA	52004-	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
Companion Life Denta Max			**Phone:** (800) 753-0404	**Website:**		**Method:**	Electronic
Po. Box 100102			**Fax:**			**ECP Payer ID:**	77828
			Email:		**Type:** Dental	**Provider ID:**	1
Columbia	SC	29202-3102	**Contact:**		**Form:** ADA2012	**Payer Office:**	nocd

Insurance Carrier List

Kid Focus Dentistry

Insurance Name and Address			Contact Information			Claim Setup Information	
dd encarda wisconsin			**Phone:** (888) 899-3734	**Website:**		**Method:**	Electronic
			Fax:			**ECP Payer ID:**	WDENC
			Email:		**Type:** Dental	**Provider ID:**	1
			Contact:		**Form:** ADA2012	**Payer Office:**	NOCD
Dearborn National			**Phone:** (180) 072-1798 7	**Website:**		**Method:**	Electronic
Po Box 23060			**Fax:**			**ECP Payer ID:**	DNOA1
			Email:		**Type:** Dental	**Provider ID:**	1
Bellville	IL	62223-0060	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Delta Dental Delaware			**Phone:** (800) 932-0783	**Website:**		**Method:**	Electronic
PO Box 1809			**Fax:**			**ECP Payer ID:**	94276
			Email:		**Type:** Dental	**Provider ID:**	1
Alpharetta	GA	30023-1809	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
Delta Dental Federal			**Phone:** (855) 410-3255	**Website:**		**Method:**	Electronic
			Fax:			**ECP Payer ID:**	CDCA1
P.O. Box 537007			**Email:**		**Type:** Dental	**Provider ID:**	1
Sacramento	CA	95853-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
Delta Dental Fl			**Phone:** (800) 521-2651	**Website:**		**Method:**	Electronic
Po Box 1809			**Fax:**			**ECP Payer ID:**	94276
			Email:		**Type:** Dental	**Provider ID:**	1
Alpharetta	GA	30023-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
delta dental in			**Phone:** (800) 521-2651	**Website:**		**Method:**	Electronic
Po Box 1809			**Fax:**			**ECP Payer ID:**	94276
			Email:		**Type:** Dental	**Provider ID:**	1
Alpharetta	GA	30023-1809	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Delta Dental Iowa			**Phone:** (515) 331-4594	**Website:**		**Method:**	Electronic
Po Box 9000			**Fax:**			**ECP Payer ID:**	CDIA1
			Email:		**Type:** Dental	**Provider ID:**	1
Johnsten	IA	50131-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Delta Dental Massachuetts			**Phone:** (800) 872-0500	**Website:**		**Method:**	Electronic
Po Box 2907			**Fax:**			**ECP Payer ID:**	04614
			Email:		**Type:** Dental	**Provider ID:**	1
Milwaukee	WI	53201-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
Delta Dental Massachusetts			**Phone:** (800) 872-0500	**Website:**		**Method:**	Electronic
Po. Box 2907			**Fax:**			**ECP Payer ID:**	04614
			Email:		**Type:** Dental	**Provider ID:**	1
Milwaukee	WI	53201-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD

Insurance Carrier List

Kid Focus Dentistry

Insurance Name and Address			Contact Information		Claim Setup Information
delta dental massachusetts			**Phone:** (800) 872-0500	**Website:**	**Method:** Electronic
			Fax:		**ECP Payer ID:** 04614
			Email:	**Type:** Dental	**Provider ID:** 1
			Contact:	**Form:** ADA2012	**Payer Office:** NOCD
Delta Dental Min			**Phone:** (800) 448-3815	**Website:**	**Method:** Electronic
Po. Box 9085			**Fax:**		**ECP Payer ID:** 07000
			Email:	**Type:** Dental	**Provider ID:** 1
Farmington Hills	MI	48333-9085	**Contact:**	**Form:** ADA2012	**Payer Office:** nocd
Delta Dental Minnesota			**Phone:** (800) 448-3815	**Website:**	**Method:** Immediate
PoBox 9120			**Fax:**		**ECP Payer ID:** 07000
			Email:	**Type:** Dental	**Provider ID:** 1
Farmington Hills	MN	48333-	**Contact:**	**Form:** ADA2018	**Payer Office:** NOCD
Delta Dental NJ			**Phone:** (800) 452-9310	**Website:**	**Method:** Electronic
			Fax:		**ECP Payer ID:** 22189
			Email:	**Type:** Dental	**Provider ID:** 1
			Contact:	**Form:** ADA2012	**Payer Office:** NOCD
Delta Dental Ny			**Phone:** (800) 932-0783	**Website:**	**Method:** Electronic
			Fax:		**ECP Payer ID:** 11198
			Email:	**Type:** Dental	**Provider ID:** 1
			Contact:	**Form:** ADA2012	**Payer Office:** NOCD
Delta Dental Of Arizona			**Phone:** (866) 746-1834	**Website:**	**Method:** Electronic
PO BOX 43026			**Fax:**		**ECP Payer ID:** 86027
			Email:	**Type:** Dental	**Provider ID:** 1
PHOENIX	AZ	85080-3000	**Contact:**	**Form:** ADA2007	**Payer Office:** nocd
DELTA DENTAL OF ARKANSAS			**Phone:** (800) 462-5410	**Website:** www.deltadentalar.com	**Method:** Electronic
PO BOX 15965			**Fax:** (800)500-8991		**ECP Payer ID:** CDAR1
			Email:	**Type:** Dental	**Provider ID:** 1
LITTLE ROCK	AR	72231-	**Contact:**	**Form:** ADA2007	**Payer Office:** NOCD
DELTA DENTAL OF CALIFORNIA			**Phone:** (800) 765-6003	**Website:**	**Method:** Electronic
PO BOX 997330			**Fax:**		**ECP Payer ID:** 77777
			Email:	**Type:** Dental	**Provider ID:** 1
SACRAMENTO	CA	95899-7330	**Contact:**	**Form:** ADA2007	**Payer Office:** NOCD
DELTA DENTAL OF CALIFORNIA FED PROGRAI			**Phone:** (855) 410-3255	**Website:**	**Method:** Electronic
PO BOX 537007			**Fax:**		**ECP Payer ID:** CDCA1
			Email:	**Type:** Dental	**Provider ID:** 1
SACRAMENTO	CA	95853-7007	**Contact:**	**Form:** ADA2018	**Payer Office:** NOCD

Insurance Carrier List

Kid Focus Dentistry

Insurance Name and Address			Contact Information		Claim Setup Information
DELTA DENTAL OF COLORADO PO BOX 173803 DENVER	CO	80217-	**Phone:** (303) 741-9305 **Website:** www.deltadentalco.com **Fax:** (303)741-2116 **Email:** **Type:** Dental **Contact:** Donna 303-889-8688 **Form:** ADA2007		**Method:** Electronic **ECP Payer ID:** 84056 **Provider ID:** 1 **Payer Office:** NOCD
Delta Dental Of Georgia P.o. Box 1809 Alpharetta	GA	30023-1809	**Phone:** (800) 521-2651 **Website:** www.deltadentalins.com **Fax:** **Email:** **Type:** Dental **Contact:** **Form:** ADA2007		**Method:** Electronic **ECP Payer ID:** 94276 **Provider ID:** 1 **Payer Office:** NOCD
Delta Dental Of Idaho PO BOX 2870 Boise	ID	83701-	**Phone:** (866) 452-4154 **Website:** **Fax:** **Email:** **Type:** Dental **Contact:** **Form:** ADA2018		**Method:** Electronic **ECP Payer ID:** 82029 **Provider ID:** 1 **Payer Office:** NOCD
DELTA DENTAL OF ILLINOIS PO BOX 5402 LISLE	IL	60532-	**Phone:** (800) 323-1743 **Website:** **Fax:** (720)382-1289 **Email:** **Type:** Dental **Contact:** **Form:** ADA2007		**Method:** Electronic **ECP Payer ID:** 05030 **Provider ID:** 1 **Payer Office:** NOCD
DELTA DENTAL OF INDIANA Po Box 9085 Farming Hills	MI	48333-	**Phone:** (800) 524-0149 **Website:** **Fax:** **Email:** **Type:** Dental **Contact:** **Form:** ADA2012		**Method:** Electronic **ECP Payer ID:** CDIN1 **Provider ID:** 1 **Payer Office:** NOCD
DELTA DENTAL OF KANSAS PO BOX 789769 WICHITA	KS	67278-	**Phone:** (800) 234-3375 **Website:** **Fax:** (316)462-3392 **Email:** **Type:** Dental **Contact:** **Form:** ADA2007		**Method:** Electronic **ECP Payer ID:** CDKS1 **Provider ID:** 1 **Payer Office:** NOCD
Delta Dental Of Kentucky Po Box 242810 Louisville	KY	40224-	**Phone:** (800) 955-2030 **Website:** **Fax:** **Email:** **Type:** Dental **Contact:** **Form:** ADA2012		**Method:** Electronic **ECP Payer ID:** CDKY1 **Provider ID:** 1 **Payer Office:** NOCD
Delta Dental of Michigan PO Box 9085 Farmington Hills	MI	48333-9085	**Phone:** (800) 524-0149 **Website:** https://www.toolkitsonline.com/dotWeb/ **Fax:** **Email:** **Type:** Dental **Contact:** **Form:** ADA2007		**Method:** Electronic **ECP Payer ID:** ddpmi **Provider ID:** 1 **Payer Office:** NOCD
DELTA DENTAL OF MINNESOTA PO BOX 59238 MINNEAPOLIS	MN	55459-	**Phone:** (800) 465-8953 **Website:** **Fax:** **Email:** **Type:** Dental **Contact:** **Form:** ADA2007		**Method:** Electronic **ECP Payer ID:** CDMN1 **Provider ID:** 1 **Payer Office:** NOCD

Insurance Carrier List

Kid Focus Dentistry

Insurance Name and Address			Contact Information			Claim Setup Information	
Delta Dental Of Missouri			**Phone:** (800) 335-8266	**Website:**		**Method:**	Electronic
PO Box 8690			**Fax:**			**ECP Payer ID:**	43090
			Email:		**Type:** Dental	**Provider ID:**	1
St Louis	MO	63126-	**Contact:**		**Form:** ADA2007	**Payer Office:**	nocd
Delta Dental Of Nebraska			**Phone:** (866) 827-3319	**Website:**		**Method:**	Immediate
PO BOX 9120			**Fax:**			**ECP Payer ID:**	
			Email:		**Type:** Dental	**Provider ID:**	1
Farmington Hills	MI	48333-124	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
DELTA DENTAL OF NEW JERSEY			**Phone:** (800) 452-9310	**Website:**		**Method:**	Electronic
PO BOX 2222			**Fax:**			**ECP Payer ID:**	22189
			Email:		**Type:** Dental	**Provider ID:**	1
PARSIPPANY	NJ	07054-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Delta Dental of Ohio			**Phone:** (800) 524-0149	**Website:**		**Method:**	Electronic
PO BOX 9085			**Fax:**			**ECP Payer ID:**	CDOH1
			Email:		**Type:** Dental	**Provider ID:**	1
Farmington Hill	MI	48333-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
Delta Dental Of Oklahoma			**Phone:** (800) 990-7337	**Website:**		**Method:**	Electronic
Po. Box 548809			**Fax:**			**ECP Payer ID:**	CDOK1
			Email:		**Type:** Dental	**Provider ID:**	1
Oklahoma City	OK	73154-8809	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
DELTA DENTAL OF OREGON			**Phone:** (877) 277-7280	**Website:** https://dental.odscompanies.com/EBTW		**Method:**	Electronic
601 SW 2ND AVE			**Fax:**			**ECP Payer ID:**	CDOR1
			Email:		**Type:** Dental	**Provider ID:**	1
PORTLAND	OR	97204-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Delta Dental Of Oregon			**Phone:** (800) 452-1058	**Website:** http://www.odscompanies.com/dental/		**Method:**	Electronic
Po. Box 40384			**Fax:**			**ECP Payer ID:**	cdor1
			Email: ebt@odscompanies.com		**Type:** Dental	**Provider ID:**	1
Portland	OR	97240-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Delta Dental Of Pennsylvania			**Phone:** (800) 932-0783	**Website:**		**Method:**	Electronic
PO BOX 2105			**Fax:**			**ECP Payer ID:**	11198
			Email:		**Type:** Dental	**Provider ID:**	1
Mechanicsburg	PA	17055-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
Delta Dental Of Tenn			**Phone:** (800) 223-3104	**Website:**		**Method:**	Electronic
240 Venture Cir			**Fax:**			**ECP Payer ID:**	CDTN1
			Email:		**Type:** Dental	**Provider ID:**	1
Nashville	TN	37228-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD

Insurance Carrier List

Kid Focus Dentistry

Insurance Name and Address			Contact Information		Claim Setup Information
DELTA DENTAL OF WASHINGTON			**Phone:** (800) 554-1907	**Website:** www.deltadentalwa.com	**Method:** Electronic
PO BOX 75983			**Fax:**		**ECP Payer ID:** 91062
			Email:	**Type:** Dental	**Provider ID:** 1
SEATTLE	WA	98175-0983	**Contact:**	**Form:** ADA2007	**Payer Office:** NOCD
Delta Dental Of Wyoming			**Phone:** (800) 735-3379	**Website:**	**Method:** Electronic
PO Box 29			**Fax:**		**ECP Payer ID:** CDWY1
			Email:	**Type:** Dental	**Provider ID:** 1
Cheyenne	WY	20019-	**Contact:**	**Form:** ADA2012	**Payer Office:** NOCD
Delta Dental Ohio			**Phone:** (800) 524-0149	**Website:**	**Method:** Electronic
			Fax:		**ECP Payer ID:** CDOH1
Po Box 9085			**Email:**	**Type:** Dental	**Provider ID:** 1
Farmingt Hills	OH	48333-	**Contact:**	**Form:** ADA2012	**Payer Office:** NOCD
Delta Dental Pa			**Phone:** (800) 932-0783	**Website:**	**Method:** Electronic
Po Box 2105			**Fax:**		**ECP Payer ID:** 23166
			Email:	**Type:** Dental	**Provider ID:** 1
Mechanicsburg	PA	17055-	**Contact:**	**Form:** ADA2012	**Payer Office:** NOCD
Delta Dental RI			**Phone:** (800) 843-3582	**Website:**	**Method:** Electronic
PO Box 1517			**Fax:**		**ECP Payer ID:** 05029
			Email:	**Type:** Dental	**Provider ID:** 1
Providence	RI	02901-	**Contact:**	**Form:** ADA2007	**Payer Office:** NOCD
Delta Dental South Dakota			**Phone:** (877) 841-1478	**Website:** deltadentalsd.com	**Method:** Electronic
Po Box 1157			**Fax:**		**ECP Payer ID:** 54097
			Email:	**Type:** Dental	**Provider ID:** 1
Pierre	SD	57501-	**Contact:**	**Form:** ADA2007	**Payer Office:** NOCD
Delta Dental VA			**Phone:** (800) 237-6060	**Website:** http://www.deltadentalva.com/default.a	**Method:** Electronic
4818 Starkey Road			**Fax:**		**ECP Payer ID:** CDVA1
			Email:	**Type:** Dental	**Provider ID:** 1
Southwest	VA	24018-	**Contact:**	**Form:** ADA2007	**Payer Office:** NOCD
Delta Dental Wisconsin			**Phone:** (888) 899-3734	**Website:**	**Method:** Electronic
			Fax:		**ECP Payer ID:** WDENC
P.O. BOX 103			**Email:**	**Type:** Dental	**Provider ID:** 1
Stevens Point	WI	54481-0103	**Contact:**	**Form:** ADA2012	**Payer Office:** NOCD
Delta Dental Wisconsin			**Phone:** (800) 236-3712	**Website:**	**Method:** Electronic
Po Box 828			**Fax:**		**ECP Payer ID:** 39069
			Email:	**Type:** Dental	**Provider ID:** 1
Stevens Point	WI	54481-0828	**Contact:**	**Form:** ADA2012	**Payer Office:** NOCD

Insurance Carrier List

Kid Focus Dentistry

Insurance Name and Address			Contact Information			Claim Setup Information	
Delta Dentasl Wi			**Phone:** (888) 899-3734	**Website:**		**Method:**	Electronic
Po Box 103			**Fax:**			**ECP Payer ID:**	WDENC
			Email:		**Type:** Dental	**Provider ID:**	1
Stevens Point	WI	54481-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
Delta dentla TX			**Phone:** (888) 818-7925	**Website:**		**Method:**	Electronic
PO Box 1809			**Fax:**			**ECP Payer ID:**	DDTX1
			Email:		**Type:** Dental	**Provider ID:**	1
Alpharetta	GA	30023-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Delta Ohio			**Phone:** (800) 524-0149	**Website:**		**Method:**	Electronic
Po Box 9085			**Fax:**			**ECP Payer ID:**	ddpmh
			Email:		**Type:** Dental	**Provider ID:**	1
Framington	MI	48333-	**Contact:**		**Form:** ADA2012	**Payer Office:**	nocd
Dental Select			**Phone:** (800) 999-9789	**Website:**		**Method:**	Electronic
537 S Green St 4th Floor			**Fax:**			**ECP Payer ID:**	cx093
			Email:		**Type:** Dental	**Provider ID:**	1
Slc	UT	84123-	**Contact:**		**Form:** ADA2007	**Payer Office:**	nocd
Ebs-Rmsco			**Phone:** (877) 300-9969	**Website:**		**Method:**	Electronic
Po Box 778			**Fax:**			**ECP Payer ID:**	16117
			Email:		**Type:** Dental	**Provider ID:**	1
Liverpool	NY	13088-	**Contact:**		**Form:** ADA2007	**Payer Office:**	nocd
Emi Health			**Phone:** (800) 662-5851	**Website:**		**Method:**	Batch
852 E Arrowhead Ln			**Fax:**			**ECP Payer ID:**	
			Email:		**Type:** Dental	**Provider ID:**	1
Murray	UT	84107-	**Contact:**		**Form:** ADA2012	**Payer Office:**	
Equitable			**Phone:** (866) 274-9887	**Website:**		**Method:**	Electronic
PO Box 2107			**Fax:**			**ECP Payer ID:**	75261
			Email:		**Type:** Dental	**Provider ID:**	1
Grapevine	TX	76099-	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
Florida Combined Life			**Phone:** (888) 223-4892	**Website:**		**Method:**	Electronic
Po Box 1047			**Fax:**			**ECP Payer ID:**	CBFLU
			Email:		**Type:** Dental	**Provider ID:**	1
Elk Grove Village	IL	60009-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
Freedom Life			**Phone:** (800) 387-9027	**Website:**		**Method:**	Electronic
PO BOX 21504			**Fax:** (871)885-5553			**ECP Payer ID:**	62324
			Email:		**Type:** Dental	**Provider ID:**	1
Eagan	MN	55121-	**Contact:**		**Form:** ADA2012	**Payer Office:**	ncod

Insurance Carrier List

Kid Focus Dentistry

Insurance Name and Address			Contact Information			Claim Setup Information	
Freedom Life			**Phone:** (866) 745-8744	**Website:**		**Method:**	Immediate
PO BOX 21504			**Fax:**			**ECP Payer ID:**	62324
			Email:		**Type:** Dental	**Provider ID:**	1
Eagan	MN	55121-	**Contact:**		**Form:** ADA2018	**Payer Office:**	
GEHA			**Phone:** (877) 927-1112	**Website:**		**Method:**	Electronic
P.O. Box 21542			**Fax:**			**ECP Payer ID:**	44054
			Email:		**Type:** Dental	**Provider ID:**	1
Eagan	MN	55121-	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
GEHA			**Phone:** (877) 434-2336	**Website:**		**Method:**	Immediate
PO BOX 21191			**Fax:**			**ECP Payer ID:**	39026
			Email:		**Type:** Dental	**Provider ID:**	1
Eagan	MN	55121-	**Contact:**		**Form:** ADA2018	**Payer Office:**	
GEHA DENTAL			**Phone:** (877) 434-2336	**Website:**		**Method:**	Electronic
PO BOX 400			**Fax:**			**ECP Payer ID:**	44054
			Email:		**Type:** Dental	**Provider ID:**	1
INDEPENDENCE	MO	64051-0400	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
GEHA Dental			**Phone:**	**Website:**		**Method:**	Electronic
			Fax:			**ECP Payer ID:**	39026
P.O.Box 21191			**Email:**		**Type:** Dental	**Provider ID:**	1
Eagan	MN	55121-	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
Geha Standard			**Phone:** (800) 821-6136	**Website:**		**Method:**	Electronic
Po Box 21542			**Fax:**			**ECP Payer ID:**	57254
			Email:		**Type:** Dental	**Provider ID:**	1
Eagan	MN	55121-	**Contact:**		**Form:** ADA2012	**Payer Office:**	nocd
GUARDIAN			**Phone:** (800) 541-7846	**Website:**		**Method:**	Electronic
7 Hanover Square			**Fax:**			**ECP Payer ID:**	64246
Customer Service, H-6-D			**Email:**		**Type:** Dental	**Provider ID:**	1
New York	NY	10004-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
GUARDIAN			**Phone:** (800) 541-7846	**Website:**		**Method:**	Electronic
Po Box 981572			**Fax:** (509)468-4590			**ECP Payer ID:**	64246
			Email:		**Type:** Dental	**Provider ID:**	1
El Paso	TX	79998-1572	**Contact:**		**Form:** ADA2007	**Payer Office:**	nocd
Hawii Dental Service			**Phone:** (808) 521-1431	**Website:**		**Method:**	Immediate
900 Fort Street Mall Suit 1900			**Fax:**			**ECP Payer ID:**	NIS01
			Email: cs@hawaiidentalservice.com		**Type:** Dental	**Provider ID:**	1
Honolulu	HI	96813-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD

Insurance Carrier List

Kid Focus Dentistry

Insurance Name and Address			Contact Information			Claim Setup Information	
Health First Dental			**Phone:** (800) 654-5161	**Website:**		**Method:**	Electronic
Po Box 130217			**Fax:**			**ECP Payer ID:**	75234
			Email:		**Type:** Dental	**Provider ID:**	1
Tyler	TX	75713-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Health Smart			**Phone:** (800) 331-1096	**Website:**		**Method:**	Electronic
1867 West Marleet St			**Fax:**			**ECP Payer ID:**	34145
			Email:		**Type:** Dental	**Provider ID:**	1
Akron	OH	44313-	**Contact:**		**Form:** ADA2007	**Payer Office:**	nocd
Horizon BCBS			**Phone:** (800) 433-6825	**Website:**		**Method:**	Electronic
PO BOX 1311			**Fax:**			**ECP Payer ID:**	22099
			Email:		**Type:** Dental	**Provider ID:**	1
MINNIAPOLIS	MN	55440-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
HUMANA			**Phone:** (800) 833-2223	**Website:** http://www.humanadental.com/		**Method:**	Immediate
PO BOX 14611			**Fax:**			**ECP Payer ID:**	73288
			Email:		**Type:** Dental	**Provider ID:**	1
LEXINGTON	KY	80512-4601	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Humana			**Phone:** (800) 833-6917	**Website:**		**Method:**	Electronic
Po Box 14635			**Fax:**			**ECP Payer ID:**	61101
			Email:		**Type:** Dental	**Provider ID:**	1
Lexington	KY	40512-4635	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
Humana			**Phone:** (877) 692-2468	**Website:**		**Method:**	Electronic
PO Box 14287			**Fax:**			**ECP Payer ID:**	CX021
			Email:		**Type:** Dental	**Provider ID:**	1
Lexington	KY	40512-	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
Humana			**Phone:** (800) 833-2223	**Website:**		**Method:**	Electronic
PO Box 14611			**Fax:**			**ECP Payer ID:**	73288
			Email:		**Type:** Dental	**Provider ID:**	1
Lexington	CO	40512-	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
Humana Team Care			**Phone:** (800) 323-2190	**Website:**		**Method:**	Electronic
Po Box 5116			**Fax:**			**ECP Payer ID:**	36215
			Email:		**Type:** Dental	**Provider ID:**	1
Des Plaines	IL	60017-	**Contact:**		**Form:** ADA2012	**Payer Office:**	nocd
Img			**Phone:** (800) 628-4664	**Website:**		**Method:**	Batch
Po Box 8500			**Fax:**			**ECP Payer ID:**	
			Email:		**Type:** Dental	**Provider ID:**	1
Indianopolis	IN	46208-	**Contact:**		**Form:** ADA2012	**Payer Office:**	

Insurance Carrier List

Kid Focus Dentistry

Insurance Name and Address			Contact Information			Claim Setup Information	
Iron Workers			**Phone:** (800) 628-6562	**Website:**		**Method:**	Batch
Po Box 30124			**Fax:**			**ECP Payer ID:**	
			Email:		**Type:** Dental	**Provider ID:**	1
Salt Lake City	UT	84130-	**Contact:**		**Form:** ADA2012	**Payer Office:**	nocd
Join Counsel Team Sters			**Phone:** (303) 412-9021	**Website:**		**Method:**	Immediate
PO Box 1167			**Fax:**			**ECP Payer ID:**	
			Email:		**Type:** Dental	**Provider ID:**	1
Arvada	CO	80001-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
Liberty Dental			**Phone:**	**Website:**		**Method:**	Immediate
Po box 401086			**Fax:**			**ECP Payer ID:**	89140
			Email:		**Type:** Dental	**Provider ID:**	1
Las Vegas	NV	89140-	**Contact:**		**Form:** ADA2018	**Payer Office:**	
Liberty Dental Plan			**Phone:** (800) 268-9012	**Website:**		**Method:**	Electronic
PO Box 26110			**Fax:**			**ECP Payer ID:**	CX083
			Email:		**Type:** Dental	**Provider ID:**	1
Santa Ana	CA	92799-	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
Life Mat			**Phone:** (800) 286-1129	**Website:**		**Method:**	Electronic
			Fax:			**ECP Payer ID:**	RLH01
PoBox 783			**Email:**		**Type:** Dental	**Provider ID:**	1
Milwaukee	WI	53201-	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
Lincoln Finacial			**Phone:** (800) 423-2765	**Website:**		**Method:**	Electronic
PO Box 3464			**Fax:**			**ECP Payer ID:**	CX061
			Email:		**Type:** Dental	**Provider ID:**	1
Omaha	NE	68103-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Line Co/ Dentemax			**Phone:** (800) 323-7268	**Website:**		**Method:**	Electronic
821 Parkview Bld			**Fax:**			**ECP Payer ID:**	LCB01
			Email:		**Type:** Dental	**Provider ID:**	1
Lombard	IL	60148-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
ManhattanLife			**Phone:** (800) 999-2971	**Website:**		**Method:**	Immediate
PO BOX 924408			**Fax:**			**ECP Payer ID:**	86253
			Email:		**Type:** Dental	**Provider ID:**	1
Houston	TX	77292-	**Contact:**		**Form:** ADA2018	**Payer Office:**	
Mba			**Phone:**	**Website:**		**Method:**	Electronic
Po Box 981640			**Fax:**			**ECP Payer ID:**	MBAAZ
			Email:		**Type:** Dental	**Provider ID:**	1
El Paso	TX	79998-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD

Insurance Carrier List

Kid Focus Dentistry

Insurance Name and Address			Contact Information			Claim Setup Information	
Medicaid			**Phone:** (855) 225-1731	**Website:** www.dentaquest.com		**Method:**	Electronic
PO Box 2906			**Fax:**			**ECP Payer ID:**	cx014
			Email:		**Type:** Dental	**Provider ID:**	4
Milwaukee	WI	53201-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Medical Mutual			**Phone:** (866) 336-8251	**Website:**		**Method:**	Electronic
PO BOX 6018			**Fax:**			**ECP Payer ID:**	29076
			Email:		**Type:** Dental	**Provider ID:**	1
Cleveland	OH	44101-	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
Meritain			**Phone:** (800) 925-2272	**Website:**		**Method:**	Electronic
Po Box 853921			**Fax:**			**ECP Payer ID:**	41124
			Email:		**Type:** Dental	**Provider ID:**	1
Richardson	TX	75085-3921	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
METLIFE			**Phone:** (877) 638-3379	**Website:** https://www.metdental.com/prov/execut		**Method:**	Electronic
PO Box 981282			**Fax:**			**ECP Payer ID:**	65978
			Email:		**Type:** Dental	**Provider ID:**	1
El Paso	TX	79998-1282	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Metlife Retired Patriot			**Phone:** (800) 451-1847	**Website:**		**Method:**	Electronic
			Fax:			**ECP Payer ID:**	48117
			Email:		**Type:** Dental	**Provider ID:**	1
			Contact:		**Form:** ADA2012	**Payer Office:**	NOCD
Mutual Of Omaha			**Phone:** (800) 927-9197	**Website:**		**Method:**	Electronic
P.O.Box 211472			**Fax:**			**ECP Payer ID:**	CX087
			Email:		**Type:** Dental	**Provider ID:**	1
Eagan	MN	55121-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
National Elevator Industries			**Phone:** (800) 252-4611	**Website:**		**Method:**	Electronic
P.O. BOX 475			**Fax:**			**ECP Payer ID:**	CX045
			Email:		**Type:** Dental	**Provider ID:**	1
Newtown Square	PA	19073-	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
NATIONAL GENERAL			**Phone:** (888) 781-0585	**Website:**		**Method:**	Electronic
Po Box 3252			**Fax:**			**ECP Payer ID:**	ASHC1
			Email:		**Type:** Dental	**Provider ID:**	1
Milwaukee	WI	53201-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
Northeast Delta Dental			**Phone:** (800) 832-5700	**Website:**		**Method:**	Electronic
PO Box 2002			**Fax:**			**ECP Payer ID:**	02027
			Email:		**Type:** Dental	**Provider ID:**	1
Concord	NH	03302-2002	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD

Insurance Carrier List

Kid Focus Dentistry

Insurance Name and Address			Contact Information			Claim Setup Information	
Praire States			**Phone:** (855) 993-9163	**Website:**		**Method:**	Electronic
PO Box23			**Fax:**			**ECP Payer ID:**	36373
			Email:		**Type:** Dental	**Provider ID:**	1
Sheboygan	WI	53082-0023	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
Premera Blue Cross Of Washington			**Phone:** (877) 728-9020	**Website:**		**Method:**	Electronic
Po Box 91059			**Fax:**			**ECP Payer ID:**	47570
			Email:		**Type:** Dental	**Provider ID:**	1
Seattle	WA	98111-9159	**Contact:**		**Form:** ADA2007	**Payer Office:**	nocd
Premier Access			**Phone:** (888) 715-0760	**Website:**		**Method:**	Electronic
PO Box 659010			**Fax:**			**ECP Payer ID:**	CX078
			Email:		**Type:** Dental	**Provider ID:**	1
Sacramento	CA	95865-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
Principal Finacial Group			**Phone:** (800) 247-4695	**Website:**		**Method:**	Electronic
Po Box 10357			**Fax:**			**ECP Payer ID:**	61271
			Email:		**Type:** Dental	**Provider ID:**	1
Des Moines	IA	50306-0357	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Regence Group Administrators			**Phone:** (888) 486-7927	**Website:**		**Method:**	Immediate
PO BOX 52890			**Fax:** (866)458-5488			**ECP Payer ID:**	RGA01
			Email:		**Type:** Dental	**Provider ID:**	1
Bellevue	WA	98015-2890	**Contact:**		**Form:** ADA2018	**Payer Office:**	
Regional Care Inc			**Phone:** (800) 795-7772	**Website:**		**Method:**	Immediate
Po Box 21853			**Fax:**			**ECP Payer ID:**	47076
			Email:		**Type:** Dental	**Provider ID:**	1
Eagan	MN	55121-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Reliance Ins Group			**Phone:** (800) 497-7044	**Website:**		**Method:**	Electronic
Po Box 82510			**Fax:**			**ECP Payer ID:**	36088
			Email:		**Type:** Dental	**Provider ID:**	1
Lincoln	NE	68501-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Renaissance Dental			**Phone:** (888) 358-9484	**Website:**		**Method:**	Electronic
PO Box 17250			**Fax:**			**ECP Payer ID:**	RLHA1
			Email:		**Type:** Dental	**Provider ID:**	1
Indianapolis	IN	46217-	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
Sentry Group Ins			**Phone:** (800) 373-6879	**Website:** http://www.sentry.com/		**Method:**	Electronic
PO BOX 20139			**Fax:**			**ECP Payer ID:**	68810
			Email:		**Type:** Dental	**Provider ID:**	1
Roanoke	VA	24018-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD

Insurance Carrier List

Kid Focus Dentistry

Insurance Name and Address			Contact Information			Claim Setup Information	
Standard Ins			**Phone:** (800) 547-9515	**Website:**		**Method:**	Electronic
Po Box 86222			**Fax:**			**ECP Payer ID:**	93024
			Email:		**Type:** Dental	**Provider ID:**	1
Lincoln	NE	68501-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
Sunlife Financial			**Phone:** (888) 811-1240	**Website:**		**Method:**	Electronic
PO Box 2940			**Fax:** (563)242-0104			**ECP Payer ID:**	70408
			Email:		**Type:** Dental	**Provider ID:**	1
Quinton	IA	52733-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
Sunlife Financial			**Phone:** (800) 735-4426	**Website:**		**Method:**	Electronic
PO BOX 311			**Fax:**			**ECP Payer ID:**	70408
			Email:		**Type:** Dental	**Provider ID:**	1
Milwaukee	WI	53201-	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
Sunlife Finincial			**Phone:** (888) 222-3660	**Website:**		**Method:**	Electronic
Po Box 69421			**Fax:**			**ECP Payer ID:**	cx007
			Email:		**Type:** Dental	**Provider ID:**	1
Harrisburg	PA	17106-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
TDA			**Phone:** (888) 422-1995	**Website:**		**Method:**	Electronic
PO BOX 1106			**Fax:** (602)266-1946			**ECP Payer ID:**	CX112
			Email:		**Type:** Dental	**Provider ID:**	1
Elk Grove Village	IL	60007-	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
UHCG BILLING			**Phone:** (800) 308-2611	**Website:**		**Method:**	Immediate
PO BOX 740372			**Fax:**			**ECP Payer ID:**	87726
			Email:		**Type:** Dental	**Provider ID:**	1
Atlanda	GA	30374-0372	**Contact:**		**Form:** ADA2018	**Payer Office:**	
UMR			**Phone:** (800) 826-9781	**Website:**		**Method:**	Electronic
Po. Box 30541			**Fax:**			**ECP Payer ID:**	39026
			Email:		**Type:** Dental	**Provider ID:**	1
Sailt Lake City	UT	84130-	**Contact:**		**Form:** ADA2007	**Payer Office:**	nocd
Umr Valley Water			**Phone:** (800) 332-1168	**Website:**		**Method:**	Electronic
Po Box 826			**Fax:**			**ECP Payer ID:**	79480
			Email:		**Type:** Dental	**Provider ID:**	1
Onalaska	WI	54650-	**Contact:**		**Form:** ADA2012	**Payer Office:**	nocd
UNITED CONCORDIA			**Phone:** (800) 332-0366	**Website:**		**Method:**	Electronic
PO BOX 69416			**Fax:** (866)223-2770			**ECP Payer ID:**	CX007
			Email:		**Type:** Dental	**Provider ID:**	1
HARRISBURG	PA	17106-9415	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD

Insurance Carrier List

Kid Focus Dentistry

Insurance Name and Address			Contact Information			Claim Setup Information	
United Concordia			**Phone:** (800) 332-0366	**Website:**		**Method:**	Electronic
PO BOX 69421			**Fax:** (866)223-2770			**ECP Payer ID:**	CX007
			Email:		**Type:** Dental	**Provider ID:**	1
Harrisburg	PA	17106-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
United Concordia Tricare Dental			**Phone:** (844) 653-4061	**Website:**		**Method:**	Immediate
PO BOX 69451			**Fax:**			**ECP Payer ID:**	CX007
			Email:		**Type:** Dental	**Provider ID:**	1
Harrisburg	PA	17106-	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
United Concordia Tricare Dental			**Phone:** (844) 653-4061	**Website:**		**Method:**	Immediate
PO BOX 69451			**Fax:**			**ECP Payer ID:**	89070
			Email:		**Type:** Dental	**Provider ID:**	1
Harrisburg	PA	17106-	**Contact:**		**Form:** ADA2018	**Payer Office:**	
UNITED CONCORDIA-ACTIVE DUTY			**Phone:** (888) 286-8454	**Website:**		**Method:**	Electronic
PO BOX 69429			**Fax:**			**ECP Payer ID:**	CX002
			Email:		**Type:** Dental	**Provider ID:**	1
HARRISBURG	PA	17106-9429	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
United Health Care			**Phone:** (800) 822-5353	**Website:**		**Method:**	Electronic
PO Box 30567			**Fax:** (248)733-6372			**ECP Payer ID:**	52133
			Email:		**Type:** Dental	**Provider ID:**	1
Salt Lake City	UT	84130-	**Contact:**		**Form:** ADA2018	**Payer Office:**	NOCD
United Health Care Dental			**Phone:** (800) 822-5353	**Website:**		**Method:**	Electronic
Po Box 30567			**Fax:**			**ECP Payer ID:**	52133
			Email:		**Type:** Dental	**Provider ID:**	1
Salt Lake City	UT	84130-0567	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD
United Healthcare Dental			**Phone:** (800) 822-5353	**Website:** https://www.dbp.com/presence/release/		**Method:**	Electronic
			Fax:			**ECP Payer ID:**	52133
			Email: networkrecruit@uhc.com		**Type:** Dental	**Provider ID:**	1
ROCKFORD	IL	61107-	**Contact:**		**Form:** ADA2007	**Payer Office:**	NOCD
Unum			**Phone:** (855) 400-9330	**Website:**		**Method:**	Electronic
PO Box 80139			**Fax:** (225)400-9307			**ECP Payer ID:**	STR01
			Email:		**Type:** Dental	**Provider ID:**	1
Baton Rouge	LA	70898-	**Contact:**		**Form:** ADA2012	**Payer Office:**	NOCD