



NODA Preferred Provider



Makers Of **ClaimX**

How To Get Started

Step One

Office Information:

Practice Name: _____

Primary Provider (Dr.'s Name): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name/Title: _____ NPI: _____

Tax ID #: _____ Phone #: _____

Email: _____ Fax #: _____

Circle: General Dentist: 301 Endodontist: 303 Oral Surgeon: 309 Orthodontist: 307 Pedodontist: 304 Periodontist: 305 Prosthodontist: 306

Additional Providers Information:

Additional Providers Name: _____ NPI: _____

State: _____ License Number: _____ Specialty Code: _____

Additional Provider Name: _____ NPI: _____

State: _____ License Number: _____ Specialty Code: _____

PMS System Specifications: Software Package: _____ Version Number: _____

Payer Information: Approximate number of claims submitted to all carriers each month: _____

Two Payment Options:

Credit Card Information				
Credit Card Type:	Visa	Master Card	American Express	Discover
Credit Card Number:	_____		Expiration Date:	_____
Individual Name on Card:	_____			
Signature of Card Holder:	_____			

ACH DEBIT AUTHORIZATION	
<small>I (we) hereby authorize ExtraDent (CAT) (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.</small>	
Name of Financial Institution:	_____
Financial Institution Routing Number:	_____
Account Number:	_____ Checking or Savings (circle one)
Signature:	_____ Date: _____

Step Two

Fax To: 1-866-241-8437

Questions Call: 1-866-886-5113 Option 1

Promo Code: KCI6449

Step Three:

The office will receive the ClaimX Welcome Package via USPS. Within the package, please return via fax, the License Agreement, Payer Enrollment Form, and the Install/Training Date Signup Form. The contact person listed above will be called on the requested day and time as specified on the returned install/training form contained within the welcome package.