



## ERA Enrollment Instructions

# DeCare Dental Health Insurance

Attention Providers:

To start receiving ERAs electronically for DeCare Dental Health Insurance through EDS you will need to follow the instructions below.

Payer:	DeCare Dental Health Insurance
Payer ID:	07035
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 482-3518 or <a href="mailto:Enrollment@edsedi.com">Enrollment@edsedi.com</a>
Enrollment Application:	<b>Electronic Remittance Advice (ERA/835 ) Request Form</b>
Upload, Email or Fax Application to:	<a href="mailto:Enrollment@edsedi.com">Enrollment@edsedi.com</a> Fax (800) 389-9152
Approval Process and Timeframes:	Payer estimates 30 business days from the date of submission. ERAs will be automatically delivered to the EDS Portal upon receipt..



# Electronic Remittance Advice (ERA) Authorization Agreement

To start receiving your ERAs from the payer through EDS you will need to follow the instructions below. (\* indicates required field)

<b>* Payer Name</b>			
<b>A. Provider Information</b>			
<b>*Provider Name</b>			
<b>*Provider Address</b>			
Street:			
City:	State/Province:	Zip Code/Postal Code:	
<b>B. Provider Identifiers Information</b>			
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)			
National Provider Identifier (NPI)			
<b>C. Provider Contact Name</b>			
<b>*Contact</b>			
<b>*Telephone Number</b>			
<b>*Email Address</b>			
<b>D. Electronic Remittance Advice Information</b>			
<b>*Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)</b>			
<input type="checkbox"/> Provider Tax Identification Number (TIN)			
<input type="checkbox"/> National Provider Identifier (NPI)			
<b>D. Submission Information</b>			
<b>*Reason for Submission</b>			
<input type="checkbox"/> New Enrollment		<input type="checkbox"/> Change Enrollment	<input type="checkbox"/> Cancel Enrollment
<b>Authorized Signature</b>			

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Electronic or Printed Signature of Person Submitting Enrollment

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Title of Person Submitting Enrollment