



ERA Enrollment Instructions

GHI - Emblem Health

Attention Providers:

To start receiving your GHI ERAs electronically through EDS, you will need to follow the below instructions required by the payer. After you complete the online ERA Enrollment at the payer, please submit the **Electronic Remittance Advice (ERA) Authorization Agreement** to EDS using one of the below methods in order to complete the enrollment process.

Payer:	GHI
Payer ID:	13551
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 482-3518 or Enrollment@edsedi.com
Online Enrollment Process	https://rad.pnc.com
Enrollment Application:	Electronic Remittance Advice (ERA) Authorization Agreement
Email or Fax Application to:	Enrollment@edsedi.com Fax (800) 389-9152
Online Enrollment Instructions:	<ul style="list-style-type: none"> • Select “Register for Portal and Online Payment Service.” • Once you have completed the registration process, on the Payees/EFT Tab, there is a link for ERA Management next to the bank account information. • Select “Create a new Clearinghouse or Direct (Vendor) Configuration” hyperlink. • Enter in the following information: • Clearinghouse name: DentalXChange • Clearinghouse Contact Name: Enrollment Department • Telephone Number: (800)576-6412, ext. 461 • Email address: Enrollment@dentalxchange.com • Provider TIN or NPI • Requested ERA effective date (choose a date at least 6 weeks out from date of submission)



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Approval Process and Timeframes:	ERA enrollment can take 4-6 weeks for processing. *May require additional testing time.
Special Instructions:	For training or non-urgent questions, please contact remit.advantage@pnc.com . For questions that require immediate attention, please call the PCS line at 1-877-597-5491.



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)

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

Authorized Signature

Electronic or Printed Signature of Person Submitting Enrollment

Title of Person Submitting Enrollment

400 Vermillion St. Hastings MN 55033