



ERA Enrollment Instructions

Delta Dental of Rhode Island

Attention Providers:

To start receiving ERAs electronically for Delta Dental of Rhode Island through EDS you will need to follow the instructions below.

Payer:	Delta Dental of Rhode Island
Payer ID:	05029
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 482 -3518 or Enrollment@edsedi.com
Enrollment Application:	Electronic Remittance Advice (ERA/835) Request Form
Upload, Email or Fax Application to:	Enrollment@edsedi.com Fax (800) 389-9152
Approval Process and Timeframes:	Delta Dental of Rhode Island automatically sends an ERA for every claim submitted through EDS and will be delivered automatically 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)

* Payer Name							
A. Provider Information							
*Provider Name							
*Provider Address							
Street:							
City:			State/Province:		Zip Code/Postal Code:		
B. Provider Identifiers Information							
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)							
National Provider Identifier (NPI)							
C. Provider Contact Name							
*Contact							
*Telephone Number							
*Email Address							
D. 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