



Delta Dental of Illinois

Attention Providers:

Delta Dental of Illinois sends an ERA for every claim submitted through EDS. In order to ensure the correct delivery for your ERAs , please complete the Electronic Remittance Advice (ERA) Authorization Form.

Payer:	Delta Dental of Illinois
Payer ID:	05030
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 482-3518 or Enrollment@edsedi.com
Payer Enrollment Applications:	Electronic Remittance Advice (ERA) Authorization Agreement
Upload, Email or Fax Application to:	Enrollment@edsedi.com Fax (800) 389-9152
Approval Process and Timeframes:	Delta Dental of Illinois automatically sends an ERA for every claim submitted through EDS. 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)

* 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