



Delta Dental of Minnesota

Attention Providers:

To start receiving **ERAs** electronically for Delta Dental of Minnesota through EDS you will need to complete the form below.

Payer:	Delta Dental of Minnesota
Payer ID:	07000
For Enrollment Questions:	Contact the Enrollment Department at (800) 482-3518 or Enrollment@edsedi.com
Enrollment Application:	Electronic Remittance Advice (ERA/835) Request Form
Send Application to:	Enrollment@edsedi.com
Approval Process and Timeframes:	Payer estimates 3-4 business days from the date of submission. ERAs will be delivered automatically to the EDS Portal.
By enrolling for this plan it will enroll you for the Payers listed below	
Alan Sturm & Associates Benefits, Inc. (Sturm and Associates) Blue Plus Public Programs DCASI Delta Dental of Arkansas Delta Dental of Indiana Delta Dental of Kentucky Delta Dental of Michigan Delta Dental of Minnesota Delta Dental of Nebraska Delta Dental of New Mexico Delta Dental of North Carolina Delta Dental of North Dakota Delta Dental of Ohio Delta Dental of Tennessee Delta Dental Wisconsin Medicare Advantage Delta Minnesota Capitation	Delta Minnesota DeltaCare Claims Delta Minnesota M.A./Public Programs Delta Minnesota National Claims Delta Minnesota/Wells Fargo Claims Delta USA Dental Claims-Plan 005 MN Flex Compensation Indiana/Kentucky/Ohio Regional Council of Carpenters International Brotherhood of Electrical Workers (IBEW), Local 38 Health & Welfare Fund Laborers Union of Minnesota MEDICA of Minnesota NWA Claims Sturm & Associates Target Dental Services UCare Wilson McShane Zenith Administrators (MN)





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