



## ERA Enrollment Instructions

### Delta Dental of NY

Attention Providers:

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

Payer:	Delta Dental of New York
Payer ID:	11198
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) Authorization Agreement</b>
Email or Fax Application to:	<a href="mailto:Enrollment@edsedi.com">Enrollment@edsedi.com</a> Fax (800) 389-9152
Approval Process and Timeframes:	EDS will automatically deliver ERAs to the EDS Portal approximately 30 business days from the time of submission to the payer. <b>Once you are approved, you will no longer receive paper EOBs from Delta Denntal of Pennsylvania</b>
Special Instructions: <b>Registration for Delta Dental of Pennsylvania ERAs also registers you for the following Payers and Payer IDs.</b>	
AARP Dental – AARP1 Central Coast Alliance Health – CPP01 DDIC – 94276 Delta Dental Ins. Co – Alabama – DDAL1 Delta Dental Ins. Co – Florida – DDFL1 Delta Dental Ins. Co – Georgia – DDGA1 Delta Dental Ins. Co – Louisiana – DDLA1 Delta Dental Ins. Co – Mississippi – DDMS1 Delta Dental Ins. Co – Montana – DDMT1 Delta Dental Ins. Co – Nevada – DDNV1 Delta Dental Ins. Co – Texas – DDTX1 Delta Dental Ins. Co – Utah – DDUT1 Delta Dental of California – 77777 Delta Dental of Delaware – 51022 Delta Dental of Maryland – 23166 Delta Dental of New York – 11198	Delta Dental of Pennsylvania – 23166 Delta Dental of Puerto Rico – 66043 Delta Dental of Washington DC – 52147 Delta Dental of West Virginia – 31096 Health Plan of San Mateo Care Advantage (HMO) – CPP07 Healthy Families (CA) – CPPCA Healthy Families Program – CPPCA Kings County Healthy Kids – CPP10 Partnership Health Plan of California Healthy Kids – CPP03 Partnership HealthPlan of California (PHC) Partnership Advantage (HMO) – CPP08 San Diego Neighborhood House Association – CPP04 San Francisco Healthy Kids – CPP05 San Mateo Healthy Kids – CPP06 Sierra Sacramento Valley Regional (Healthy Kids Healthy Future) – CPP02



## 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