



## ERA Enrollment Instructions

# Central Reserve Life

Attention Providers:

In order to start receiving your ERAs for Central Reserve Life through EDS, you will need to print and review the enrollment Instructions.

Payer:	Central Reserve Life
Payer ID:	34097
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 482-3518 or <a href="mailto:Enrollment@edsedi.com">Enrollment@edsedi.com</a>
Online Enrollment Process:	<p>To enroll please contact Stone Eagle at 877-714-3222 to initiate a portal account.</p> <p>A Stone Eagle representative will request the following basic information.</p> <ul style="list-style-type: none"><li>• Contact Name:</li><li>• Contact Phone:</li><li>• Contact Email:</li></ul> <p>After you receive your account information. You will select "Clearinghouse" in the enrollment form and then select <b>DentalXChange</b> from the drop down menu</p> <p>Once the account portal has activated you will receive an email with a username and temporary password and instructions how to complete your enrollment.</p>
Enrollment Application:	<b>Electronic Remittance Advice (ERA) Authorization Agreement</b>
Upload, Email or Fax Application to:	<a href="mailto:Enrollment@edsedi.com">Enrollment@edsedi.com</a> Fax (800) 389-9152
Approval Process and Timeframes:	You will begin receiving ERAs 3-6 business days from the date of your completed enrollment.



# 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>			

Electronic or Printed Signature of Person Submitting Enrollment

Title of Person Submitting Enrollment