Envolve

Attention Providers:

In order to start receiving your ERAs for Envolve through EDS, you will need to print and review the enrollment form. Please sign the form and submit to EDS with required documentation noted below.

Payer:	Envolve
Payer ID:	46278
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 482-3518 or Enrollment@edsedi.com Contact Envolve at providerrelations@envolvehealth.com for all non-enrollment related questions.
Enrollment Application:	**Electronic Remittance Advice (ERA) Authorization Agreement ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT**
Special Instructions:	In order to be set up to receive an 835 ERA from Envolve Dental through EDS the payee must also be set up to receive funds via Electronic Funds Transfer (EFT). If not already receiving funds via EFT from Envolve Dental please complete the attached EFT form.
Email or Fax Application to:	Enrollment@edsedi.com Fax (800) 389-9152
Approval Process and Timeframes:	Payer estimates 10 business days for processing. EDS will deliver ERAs directly to the EDS Portal upon receipt.

Special Instructions: **Registration for this payer also registers you for the following Payers.**

Envolve Dental
Envolve Dental – Ambetter from Magnolia Health
Envolve Dental – Arizona - Bridgeway
Envolve Dental - Arizona – Cenpatico
Envolve Dental - Arizona - Health Net Access Medicaid (Chip)
Envolve Dental - Arizona - Health Net Access Medicaid Adults
Envolve Dental - Arizona - Health Net Medicare Advantage
Envolve Dental - Arkansas - Ambetter
Envolve Dental - FL Sunshine Health Ambetter
Envolve Dental - FL Sunshine Health Long Term Care
Envolve Dental - FL Sunshine Health Medicaid/MMA Adult
Envolve Dental - FL Sunshine Health Medicare Advantage
Envolve Dental - Georgia - Peach State Ambetter
Envolve Dental - Georgia - Peach State Medicaid Adult
Envolve Dental - Georgia - Peach State Medicaid CHIP
Envolve Dental - Georgia - Peach State Medicare Advantage
Envolve Dental - Illinois - IlliniCare Health Ambetter
Envolve Dental - Illinois - IlliniCare Health MMA (Dual)
Envolve Dental - Illinois - IlliniCare Health Medicaid Envolve Dental - Indiana MHS - Ambetter
Envolve Dental - Indiana MHS - HIP Basic, Plus, Pregnancy
Envolve Dental - Indiana MHS - Hoosier Care Connect
Envolve Dental - Indiana MHS - Hoosier Healthwise Package A
Envolve Dental - Indiana MHS - Hoosier Healthwise Package C
Envolve Dental - Indiana MHS- HP Basic (19-20 yrs old)
Envolve Dental - Indiana MHS- HP Plus
Envolve Dental - Kansas – Sunflower
Envolve - Alabama WellCare Medicare
Envolve - Arizona WellCare Medicare
Envolve - Florida WellCare Medicare
Envolve - Georgia WellCare Medicare
Envolve - Kentucky Ambetter
Envolve - Louisiana Ambetter
Envolve - Louisiana WellCare Medicare
Envolve - Maine WellCare Medicare
Envolve - Massachusetts WellCare Medicare
Envolve - Mississippi WellCare Medicare
Envolve - Missouri WellCare Medicare
Envolve - Nebraska Ambetter

Envolve Dental - Michigan Medicaid/Medicare Duals
Envolve Dental - Mississippi - Magnolia Medicare Advantage
Envolve Dental - MississippiCAN
Envolve Dental - MississippiCHIP
Envolve Dental - Missouri - Home State Health
Envolve Dental - New Mexico - Western Sky
Envolve Dental - Ohio
Envolve Dental - Oregon - Trillium Medicare Advantage
Envolve Dental - Texas - Superior Health Plan Medicare Advantage
Envolve Dental - Wisconsin
Envolve Dental FL Sunshine Health Medicaid/MMA Child
Envolve Dental - Illinois Medicare
Envolve Dental - Kansas Ambetter
Envolve Dental - Kansas Medicare
Envolve Dental - Louisiana Medicare
Envolve Dental - Missouri Ambetter
Envolve Dental - Missouri Medicare
Envolve Dental - Pennsylvania Medicare
Envolve - New Mexico Medicare
Envolve - Nevada Medicare
Envolve - South Carolina Ambetter
Envolve - Texas Ambetter
Envolve - Pennsylvania Ambetter
Envolve - Arizona Ambetter
Envolve - Florida Medicare Ascension
Envolve - Illinois Medicare Ascension
Envolve - Kansas Medicare Ascension
Envolve - Nebraska WellCare Medicare
Envolve - New Hampshire WellCare Medicare
Envolve - New Jersey Ambetter
Envolve - New Jersey WellCare Medicare
Envolve - North Carolina WellCare Medicare
Envolve - Oklahoma Ambetter
Envolve - Oklahoma WellCare Medicare
Envolve - South Carolina WellCare Medicare
Envolve - Tennessee WellCare Medicare
Envolve - Texas Medicare Ascension
Envolve - Texas WellCare Medicare
Envolve - Washington WellCare Medicare

7/31/23

Electronic Remittance Advice (ERA) Authorization Agreement

To start receiving your ERAs from the payer through DentalXChange you will need to follow the instructions below. (* indicates required field)

* Payer Name	Envolve Dental

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)	
☐ Provider Tax Identification Number (TIN)	
☐ National Provider Identifier (NPI)	

D. Submission Information		
*Reason for Submission		
☐ New Enrollment	☐ Change Enrollment	☐ Cancel Enrollment

Authorized Signature

Electronic or Printed Signature of Person Submitting Enrollment

Title of Person Submitting Enrollment

envolve
Benefit Options

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

To enroll in Envolve Dental's EFT payment program, complete this form and return it with a **voided check** via one of the following:

Mail: Envolve Dental
P.O. Box 25656
Tampa, FL, 33622-5656

Fax: 855-475-4374

Email: providerrelations@envolvehealth.com

I – CHECK APPLICABLE REASON FOR SUBMISSION

☐ New EFT Authorization OR ☐ EFT setup revision (e.g. account number or bank changes)

II – PROVIDER/PAYEE INFORMATION

Payee name: _____

Tax Identification Number (TIN): (Designate SSN ☐ or EIN ☐ _____

Payee street address, City, State, Zip Code: _____

III – DEPOSITORY INFORMATION (Financial Institution)

Your bank/depository name: _____

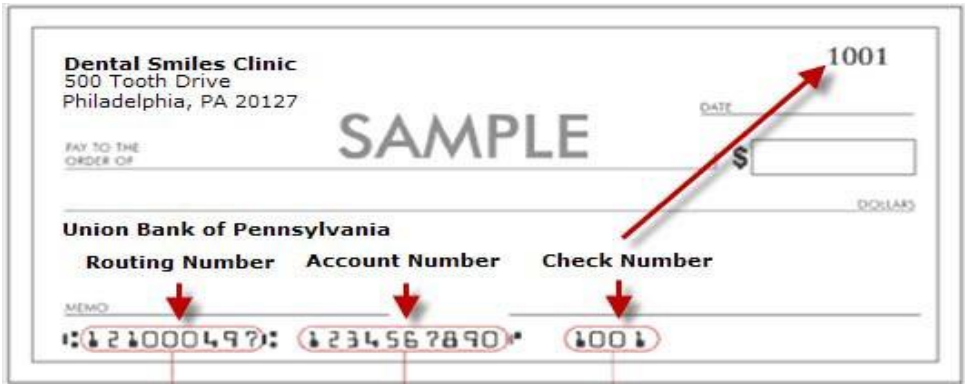
Account type (check one):
☐ Checking ☐ Savings

Depository routing transit number
(Nine digits. Include any leading zeroes):

_____

Depositor account number
(Include any leading zeroes):

_____



IV – CONTACT INFORMATION

Name of billing contact person:_____

Phone number of billing contact:_____

Email address of billing contact:_____

V – AUTHORIZATION

I hereby authorize Envolve Dental to initiate credit entries, and in accordance with 31 CFR part 210.6(f) initiate adjustments for any credit entries made in error to the account indicated above. I hereby authorize the financial institution/bank named above, hereinafter called the DEPOSITORY, to credit the same to such account. This authorization agreement is effective as of the signature date below and is to remain in full force and effect until the CONTRACTOR has received written notification from me of its termination in such time and such manner as to afford the CONTRACTOR and the DEPOSITORY a reasonable opportunity to act on it. The CONTACTOR will continue to send the direct deposit to the DEPOSITORY indicated above until notified by me that I wish to change the DEPOSITORY receiving the direct deposit. If my DEPOSITORY information changes, I agree to submit to the CONTRACTOR an updated EFT Authorization Agreement.

Signature of authorized billing contact: _____ Date: _____

ELECTRONIC FUNDS TRANSFER (EFT) Terms of Use

The following terms and conditions, as amended from time to time ("Agreement") apply to all use of the Envolve Dental's Electronic Funds Transfer solution, and the use of any service provided in connection therewith (collectively the "EFT Services"). In this Agreement, the words "you", "your" and "yours" means the individual(s) entity or entities identified on the attached Electronic Fund Transfer (EFT) Authorization Agreement, and the words "we," "our," "us" refers to Envolve Dental affiliates and designees. Your enrollment or use of the EFT Services signifies your agreement to be legally bound by the terms and conditions set forth herein. **ACH and Wire Transfers.** This Agreement is subject to Article 4A of the Uniform Commercial Code -- Funds Transfers. By signing this Agreement, you authorize Envolve Dental, acting on behalf of any third party administrator, health care coalition, or health plan carrier (each a "Carrier") that participates in the EFT Services, to credit or debit the accounts listed on your Enrollment Form (the "Accounts") in connection with processing transactions between you and the Carriers. We may rely upon all Account information and identifying numbers provided by you on the Authorization Agreement to receive payment. We may rely on the routing and account numbers you provided even if they identify a financial institution, person or account other than the one named on the Enrollment Form You agree to be bound by National Automated Clearing House Association (NACHA) rules. These rules provide, among other things, that payments made to you, are provisional until final settlement is made through a Federal Reserve Bank or payment is otherwise made as provided in Article 4A-403(a) of the Uniform Commercial Code. If we do not receive such payment, we are entitled to a refund from you in the amount credited to your Account and the Carrier that originated or instructed such payment will not be considered to have paid the amount so credited. We are not required to give you any notice of debits or credits to your Accounts. We may make adjustments to your Accounts whenever a correction or change is required. For example, if we make an error with respect to your Account, you agree that we may correct such error immediately and without notice to you. Such errors may include, but are not limited to, reversing an improper credit to your Account, making adjustments for returned items, and correcting calculation and input errors. Our right to make adjustments shall not be subject to any limitations or time constraints, except as required by law. **Accounts.** You represent and warrant that (a) you are the owner of each of the Accounts and (b) none of the Accounts is used primarily for personal, family or household purposes. **Confidentiality.** During the term of this Agreement, from time to time, we may disclose or make available to you, whether orally, electronically or in physical form, confidential or proprietary information concerning us and/or our business, products or services in connection with this Agreement(together, "Confidential Information"). Confidential Information includes, without limitation, business plans, health plan relationships, acquisition plans, systems architecture, information systems, technology, data, computer programs and codes, processes, methods, operational procedures, finances, budgets, policies and procedures, customer, employee, provider, member, patient and beneficiary information, claims information, vendor information(including agreements, software and products), product plans, projections, analyses, plans, results, and any other information which is normally and reasonably considered confidential. You agree that during the term of this Agreement and thereafter: (i) you will use Confidential Information belonging to us solely for the purpose(s) of this Agreement; and (ii) you will take all reasonable precautions to ensure that you do not disclose Confidential Information belonging to us to any third party (other than to your employees, contractors and/or professional advisors on a need-to-know basis who are bound by obligations of nondisclosure and limited use precautions at least as stringent as those contained herein) without first obtaining our written consent. **Confidentiality Exclusions.** For purposes hereof, "Confidential Information" will not include any information that you can establish by convincing written evidence: (i) was independently developed by you without use of or reference to any Confidential Information belonging to us; (ii) was acquired by you from a third party having the legal right to furnish same to the you without disclosure restrictions; or (iii) was at the time in question (whether at disclosure or thereafter) generally known by or available to the public (through no fault of you).**Amendments and Termination.** Envolve Dental may add, remove, change or otherwise modify any term of this Agreement at any time. We may also terminate or discontinue some or all of the EFT Services at any time without notice to you. **Governing Law and Venue.** The laws of the State of WI shall govern this Agreement and all disputes arising hereunder. You hereby consent that jurisdiction and venue are proper in the State of WI for the resolution of any dispute arising under this Agreement. **Severability.** If any provision of this document is found to be unenforceable according to its terms, all remaining provisions will continue in full force and effect. **Headings.** Headings in this document are for convenience or reference only and will not govern the interpretation of the provisions. **Construction.** Except where it would be unreasonable or illogical to do so, words and phrases used in this document should be construed so the singular includes the plural and the plural includes the singular. **Cooperation.** You agree to cooperate fully with us in furnishing any information, documentation or performing any action requested by us. You shall furnish us, upon forty-eight (48) hours notice, with true, accurate and complete copies of such records, documentation or any other information we or our authorized employees, representatives, agents and any regulatory agencies may request; provided, however, that you shall not be required to divulge any records to the extent prohibited by applicable law. **Ownership.** Except as provided in this Agreement, Envolve Dental shall have and own all rights, title and interests in the EFT Services and any information arising from or in connection therewith. You hereby acknowledge the specific ownership interests of Envolve Dental as set forth herein and you shall not acquire any ownership rights by virtue of this Agreement. **Assignment.** You agree not to assign this Agreement, directly or by operation of law or subcontract, delegate or appoint any third-party agent to perform any or all of its duties obligations or services hereunder without our written consent, and any such attempted assignment, subcontracting, delegation or appointment without such consent shall be void. All written notices shall be delivered by registered or certified mail, return receipt requested, and shall be deemed effective seventy-two (72) hours after the same is mailed via certified mail as described above with postage prepaid. Notice sent by any other method shall be effective only upon actual receipt. The parties to this Agreement, by notice in writing, may designate another to whom notices shall be given pursuant to this Agreement. **Relationship of the Parties.** The relationship between both parties under this Agreement is that of independent contractor. Nothing herein contained shall be construed as constituting a partnership, joint venture or agency between the parties hereto. **Entire Agreement.** This Agreement, which is an integral part hereof and are incorporated herein as a part of this Agreement, constitute the only agreement between the parties hereto relating to the subject matter hereof, except where expressly noted herein, and all prior negotiations, agreements and understandings relating to the subject matter hereof, whether oral or written, are superseded or canceled hereby. **Force Majeure.** Envolve Dental shall not be liable for a delay in performance or failure to perform any obligation under this Agreement to the extent such delay is due to causes beyond our control, including, but not limited to, governmental requests, regulations or orders, utility or communications failure, delays in transportation, national emergency, war, civil commotion or disturbance, war conditions, fires, floods, storms, earthquakes, tidal waves, failure or delay in receiving electronic data, equipment or systems failure or communication failures. **Warranties.** ENVOLVE DENTAL HEREBY DISCLAIMS ALL WARRANTIES WITH RESPECT TO THE SERVICES AND PRODUCTS PROVIDEDHEREUNDER, WHETHER EXPRESS, IMPLIED, STATUTORY OR OTHERWISE, INCLUDING WITHOUT LIMITATION ANYWARRANTY OFMERCHANTABILITY OR FITNESS FOR USE FOR A PARTICULAR PURPOSE. Under no circumstances shall the financial responsibility of Envolve Dental for any failure of performance by us under this Agreement exceed the fees or charges paid by you to Envolve Dental for the transaction, or activity that is or was the subject of the alleged failure of performance. IN NO EVENT SHALL ENVOLVE DENTAL, ITS PARENT,AFFILIATES, SUBSIDIARIES, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS OR REPRESENTATIVES BE LIABLE FOR SPECIAL,INCIDENTAL OR CONSEQUENTIAL DAMAGES OR CLAIMS BY YOU OR ANY THIRD PARTY RELATIVE TO THE TRANSACTIONS HERE UNDER. **Indemnification.** You shall be liable to and shall indemnify, defend and hold Envolve Dental its directors, officers, employees, representatives, successors and permitted assigns harmless from and against any and all claims, demands by third parties, losses, liability, cost, damage and expense, including litigation expenses and reasonable attorneys' fees and allocated costs for in-house legal services, to which Envolve Dental, its directors, officers, employees, representatives, successors and permitted assigns may be subjected or which it may incur in connection with any claims which arise from or out of or as the result of (a) your breach of this Agreement; (b) your performance, duties and obligations under this Agreement; or (c) the negligence or willful misconduct of you, your directors, officers, employees, agents and affiliates in the performance of their duties and obligations under this Agreement. You shall bear all risk of loss of items, records, data and materials during transit from you to Envolve Dental's location or that of Envolve Dental's agents or sub-contractors. **Waiver.** No waiver or failure to exercise any option, right, or privilege under the terms of this Agreement on any occasion or occasions shall be construed to be a waiver of the same or any other option, right or privilege on any other occasion.