



ERA Enrollment Instructions

Dental Benefit Providers

Attention Providers:

In order to start receiving your ERAs for Dental Benefit Providers 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:	Dental Benefit Providers
Payer ID:	52133
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 576-6412 ext. 461 or Enrollment@edsedi.com
Enrollment Application:	Electronic Remittance Advice (ERA/835) Request Form
Email or Fax Application to:	Enrollment@edsedi.com Fax (800) 482-3518
Approval Process and Timeframes:	Payer estimates 4-6 weeks from the date of submission.
Special Instructions:	EFT Enrollment is required in order to receive Dental Benefit Providers ERAs. The provider will need to call OptumHealth Financial Services Electronic Payments and Statements (EPS) Customer Support at 1-866-842-3278 and select prompt #5 for enrollment instructions. Once you enroll for ERAs, your paper EOBs will continue for 30 days or 3 payment cycles. If you wish to continue receiving your paper EOBs for a long period of time, please contact the Provider Relations Team at United Healthcare at (866) 367-9778, option 1.
Special Instructions: Registration for Dental Benefit Providers also registers you for the following Payers.	
Blue Shield of California Health Net Commercial Lincoln Financial Group (Salt Lake City) National Pacific Dental (CA) National Pacific Dental (TX)	Nevada Pacific Dental Pacific Union Dental (CA) United Healthcare United HealthCare Global (Inside U.S.)



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