



Electronic Remittance Advice (ERA) Authorization Agreement

DeCare, Empire ERA Enrollment

Attention Providers:

To start receiving your ERAs from DeCare, Empire Claims through EDS you will need to follow the instructions below required by the payer.

Payer:	DeCare, Empire Claims
Payer ID:	55093
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 482-3518 or Enrollment@edsedi.com
Enrollment Application:	Electronic Remittance Advice (ERA/835) Request Form
Upload, Email or Fax Application to:	Send completed forms to: Enrollment@edsedi.com Fax (651) 389-9152
Approval Process and Timeframes:	Payer estimates 30 business days from the date of submission.

4/27/23



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To start receiving your ERAs from the payer through DentalXChange 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 Identifier(s)		
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)		
National Provider Identifier (NPI)		
C. Provider Contact Name		
* Contact Email		
* 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)		
E. 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

Printed Name & Title of Person Submitting Enrollment