Electronic Dental Services

ERA Enrollment Instructions

Cigna

Attention Providers:

In order to start receiving your ERAs for Cigna Dental 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: | Cigna |
|----------------------------------|--|
| Payer ID: | 62308 |
| For Enrollment Questions: | Contact the ECHO at 440-835-3511 or: EDI@ECHOHEALTHINC.COM |
| Enrollment Application: | Complete the ECHO Enrollment forms below. |
| Email or Fax Application to: | EDI@ECHOHEALTHINC.COM FAX: 440.835.5656 |
| Approval Process and Timeframes: | Payer estimates 7-10 business days for processing. EDS will automatically deliver ERAs to the EDS portal once approved. |
| Special Instructions: | Your office will continue to receive paper EOBs from Cigna if you are only enrolled for ERAs. If enrolled for both EFT and ERA, paper EOBs will continue for 30 days. If you wish to continue to receive your paper EOBs, please contact the Provider Relations Team at Cigna at (800) 882-4462. To enroll with EFT, send the EFT form directly to Cigna via fax 860-256-6752. |



EFT (Electronic Funds Transfer) and ERA (Electronic Remittance Advice) Enrollment Form

INSTRUCTIONS

- » This is a fillable form. Type your information into the form on your screen, or print the form and fill in the information.
- Complete all sections that apply to your enrollment choice (EFT & ERA, EFT, or ERA). Note: Information in yellow text boxes is required for all enrollment types. In addition, information in blue text boxes is required for EFT, information in red text boxes is required for ERA.
- » Enrollments are handled at the TAX ID level. All NPIs associated with the specified TIN will be automatically enrolled.
- » If your TAX ID would like to receive payments via more than one bank account, please contact EDI@EchoHealthinc.com.
- sure to sign the form. Fax, postal mail or email the completed form (secure email is recommended if you choose this method) to

| 9 | n postal mail or email the completed form (secure email is recommended if you choose this method) to non how to send to ECHO is listed at the end of this form. |
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| For information about the sta EDI@EchoHealthinc.com. | tus of your enrollment, or for any other questions, please contact ECHO at 440.835.3511 or |
| | ☐ EFT & ERA ☐ EFT Only ☐ ERA Only |
| er / Insurance Company I | lame: |
| | supply an ECHO Draft Number and matching Draft Amount to validate against your Tax ID. The Draft Number will eginning with a 1, 2 or a 9. NOTE: For ERA only , Draft Number and Draft Amount are not required . |
| O Draft Number _ | _ ECHO Draft Amount \$ |
| EFT/ERA DEG 1 – Prov | ider Information |
| Provider Name: _ | Complete legal name of institution, corporate entity, practice or individual provider) |
| DBA: _ | |
| Street: _ (The num | ber and street name where a person or organization can be found) |
| City:_ | _ State/ Province: Choose One _ ZIP Code/Postal Code: _ |
| (City associated with | (ISO-3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.) (ISO-3166-2 Two Character (System of postal-zone codes [zip stands for "zone improvement plan"] introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities.) |
| EFT/ERA DEG 2 – Pro | vider Identifiers Information |
| Provider Identifiers | |
| | tification Number (TIN) or Employer Identification Number (EIN): |
| If Provider has an NPI (Na | tional Provider Identifier) number, please enter it: |
| | (Regulied Wileli Howard Has been chamerated with an 1417) |



| Provider Contact Name: | EFT/ERA DEG 3 – Provider | Contact Information | |
|---|--|---|---|
| (Name of contact in provider office for handling EFT issues) Provider Contact, Title (optional): | | | |
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| Clearinghouse Name: _ | (Official name of provider's clearinghouse) |
| 01 | |
| Clearinghouse Contact | (Name of a contact in the clearinghouse office for handling ERA issues) |
| | (000) 400 0540 |
| Clearinghouse Telephor | (Telephone number of contact) |
| | |
| Clearinghouse E-mail A | |
| | (An electronic mail address at which the health plan might contact the provider's clearinghouse) |
| | |
| ERA DEG 9 – Electro | onic Remittance Advice Vendor Information |
| endor Name: N/A | |
| endor Name | (Official name of provider's vendor) |
| | |
| endor Contact Name: _ | (Name of a contact in vendor office for handing ERA issues) |
| | |
| endor Telephone Num | |
| | (Telephone number of contact) |
| endor Email Address: _ | |
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