



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 EDS Enrollment Department at (800) 482-3518 or Enrollment@edsedi.com
Enrollment Application:	Electronic Remittance Advice (ERA) Authorization Agreement Cigna Dental Electronic Funds Transfer (EFT) Authorization Form
Email or Fax Application to:	Enrollment@edsedi.com Fax (800) 389-9152
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.



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		Cigna	
A. Provider Information			
* Provider Name			
* Provider Address Street:			
City:		State/Province:	Zip Code/Postal Code:
Email Address:			
B. Provider Identifiers Information			
* Provider Identifier(s)			
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)			
National Provider Identifier (NPI)			
C. 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
400 Vermillion St. Hastings MN 55033

Cigna Dental

Electronic Funds Transfer (EFT) Authorization Form



EFT, or direct deposit, is available to all dentists submitting claims for Cigna patients.

Use this form for the enrollment, cancellation, or to change an electronic funds transfer.

- A separate enrollment is required for each Taxpayer Identification Number (TIN).
- Submit changes to financial institution information (e.g., a change in the financial institution or new account number) to Cigna through the Cigna for Health Care Professionals website (CignaforHCP.com), or using this form.

You must be registered for CignaforHCP.com to access claim payment reports for your deposits. To access your reports, log in to CignaforHCP.com and click "Payments."

Direct Deposit Unit 584
8505 E. Orchard Rd. 7T1
Greenwood Village, CO 80111

Please read the instructions on the accompanying pages prior to completing the form, and type or print clearly.

Provider Information	
Provider name	
Doing Business As (DBA) name	
Provider address (street, city, state, ZIP/postal code)	
Provider Identifier Information	
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	National Provider Identifier (NPI) required when a provider has a NPI
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Provider Contact Information	
Provider contact name	Title
Telephone number	Telephone number extension
Email address	
Provider Agent Information	
Provider agent's name	
Provider agent contact name	Title
Telephone number	Telephone number extension
Email address	

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Cigna Dental
Electronic Funds Transfer (EFT) Authorization Form



Financial Institution Information

Financial institution name

Financial institution address (street, city, state, ZIP/postal code)

Financial institution routing number

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Provider's account number with financial institution

Type of account at financial institution (check one)

☐ Business checking account ☐ Business savings account

Account number linkage to provider identifier (Must match electronic remittance advice [ERA] preference)

Preference for grouping (bulking) claim payments

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

Default financial institution account indicator (when electing payment grouping by NPI)

☐ Yes ☐ No

Provider Tax Identification Number (TIN) – Required if TIN bulking selected

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National Provider Identifier (NPI)

Required if NPI selected

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National Provider Identifier (NPI)

Required if NPI bulking selected and multiple NPIs apply

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National Provider Identifier (NPI)

Required if NPI bulking selected and multiple NPIs apply

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National Provider Identifier (NPI)

Required if NPI bulking selected and multiple NPIs apply

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National Provider Identifier (NPI)

Required if NPI bulking selected and multiple NPIs apply

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National Provider Identifier (NPI)

Required if NPI bulking selected and multiple NPIs apply

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Submission Information

Reason For submission (check one)

☐ New enrollment ☐ Change enrollment ☐ Cancel enrollment

Include with enrollment submission (check one)

☐ Voided check ☐ Bank letter

Authorized Signature

Authorization is hereby granted for Cigna Dental to credit said account at the financial institution named above for the purpose of transferring Cigna Dental payments. Cigna Dental is also granted authorization to correct inadvertent duplicate payment information. This authorization is to remain in effect until notification is given to Cigna Dental in writing [at least ten (10) days notice] on a Cigna Dental Electronic Funds Transfer Authorization Form advising of a change, and allowing reasonable time to implement such change.

Written signature of person submitting enrollment

Printed name of person submitting enrollment

Printed title of person submitting enrollment

Submission date