



Metlife

Attention Providers:

In order to start receiving your ERAs Metlife through EDS, you will need to follow the process below to complete the online ERA Application. Once you have completed the online application, please complete the attached DentalXChange ERA Application.

Payer:	Metlife
Payer ID:	65978
For Enrollment Questions:	Contact the EDS Enrollment Department at (080) 482-3518 or Enrollment@edsedi.com
Online Enrollment Process:	<ol style="list-style-type: none"> 1. Go to MetLife ePayment Center https://metlifedental.epayment.center/Registration 2. Select No for the question "1. Do you have a registration code?" 3. Complete the online form to request a registration code 4. You will receive an email from help@epayment.center with a registration code within 48 business hours 5. You will receive an email asking you to create a password 6. Log into the MetLife ePayment Center portal and complete the online enrollment and banking forms 7. Electronically sign User Agreement
Upload, Email or Fax Application to:	Send completed form to: Enrollment@edsedi.com Or Fax (651)389-9152

11/10/21



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