



ERA Enrollment Instructions

EH, EHIC

Attention Providers:

In order to start receiving your ERAs for EH, EHIC through EDS, you will need to visit <https://www.humana.com/provider/dentist-resources/tools-resources> . After completing the enrollment process, please submit the attached form by using one of the methods below.

Payer:	EH, EHIC
Payer ID:	73288
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 482-3518 or Enrollment@edsedi.com
Online Enrollment Process:	<p>Registered Humana Dental Users: Log in to your account. Choose ERA/EFT Setup-Change Request and select DentalXChange as your clearinghouse.</p> <p>New Users: Under “Tools & Resources,” select ERA/EFT Setup-Change Request. You will need to have two paper check payments from Humana to complete this process. Once you get into the ERA tool, please select DentalXChange as your clearinghouse.</p> <p>Once you are in the ERA Tool, there are Help and FAQ documents available.</p>
Enrollment Application:	Electronic Remittance Advice (ERA) Authorization Agreement
Email or Fax Application to:	<p>Enrollment@edsedi.com</p> <p>Fax (800) 389-9152</p>
Approval Process and Timeframes:	If enrolling for ERA only, processing time is estimated at 2 weeks. For EFT and ERA enrollment, processing time is 25-30 business days. Once enrolled, EDS will automatically deliver the ERAs to the EDS Portal.



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			
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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