



## EHI, EHIC

Attention Providers:

In order to start receiving your ERAs for EHI, 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:	EHI, EHIC
Payer ID:	73288
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 482-3518 or <a href="mailto:Enrollment@edsedi.com">Enrollment@edsedi.com</a>
Online Enrollment Process:	<p>Registered Humana Dental Users: Log in to your account. Choose ERA/EFT Setup-Change Request and select <b>DentalXChange</b> as your clearinghouse.</p> <p>New Users: Under “Tools &amp; 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 <b>DentalXChange</b> as your clearinghouse.</p> <p>Once you are in the ERA Tool, there are Help and FAQ documents available.</p>
Enrollment Application:	<b>Electronic Remittance Advice (ERA) Authorization Agreement</b>
Email or Fax Application to:	<p><a href="mailto:Enrollment@edsedi.com">Enrollment@edsedi.com</a></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)

<b>* Payer Name</b>			
<b>A. Provider Information</b>			
<b>*Provider Name</b>			
<b>*Provider Address</b>			
Street:			
City:	State/Province:	Zip Code/Postal Code:	
<b>B. Provider Identifiers Information</b>			
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)			
National Provider Identifier (NPI)			
<b>C. Provider Contact Name</b>			
<b>*Contact</b>			
<b>*Telephone Number</b>			
<b>*Email Address</b>			
<b>D. Electronic Remittance Advice Information</b>			
<b>*Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)</b>			
<input type="checkbox"/> Provider Tax Identification Number (TIN)			
<input type="checkbox"/> National Provider Identifier (NPI)			
<b>D. Submission Information</b>			
<b>*Reason for Submission</b>			
<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change Enrollment	<input type="checkbox"/> Cancel Enrollment	
<b>Authorized Signature</b>			

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Electronic or Printed Signature of Person Submitting Enrollment

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Title of Person Submitting Enrollment