



ERA Enrollment Instructions

Delta Dental of Washington

Attention Providers:

In order to start receiving your ERAs for Delta Dental of Washington through EDS, you will need to follow the below instructions required by the payer.

Payer:	Delta Dental of Washington IN-STATE PROVIDERS ONLY
Payer ID:	91062
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 482-3518 or Enrollment@edsedi.com
Enrollment Application:	Electronic Remittance Advice (ERA) Authorization Agreement and Direct Deposit Authorization
Email or Fax Application to:	Enrollment@edsedi.com Fax (800) 482-3518
Approval Process and Timeframes:	Payer estimates 5-7 business days from the date of submission . EDS will notify you once enrollment is complete.
Special Instructions:	ERA Enrollment is for in-state providers only. You must contact your financial institution to arrange for the delivery of the CCD+ Reassociation Data Elements with your EFT.



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

Electronic Remittance Advice (ERA) Authorization Agreement

Provider Instructions

Provider Information:

Provider Name - Complete legal name of institution, corporate entity, practice or individual provider

Provider Address

- ‡ Street - The number and street name where a person or organization can be found
- ‡ City - City associated with provider address field
- ‡ State/Province - ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country
- ‡ Zip Code/Postal Code - 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
- ‡ Country Code - ISO-3166-1 Country Code

Provider Identifiers Information:

Provider Identifiers

- ‡ Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) - A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity
- ‡ National Provider Identifier (NPI) - A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standard transactions

Other Identifier(s): Provider License Number

Electronic Remittance Advice Information:

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) - Provider preference for grouping (bulking) claim payment remittance advice - must match preference for EFT payment

- ‡ Provider Tax Identification Number (TIN)
- ‡ National Provider Identifier (NPI)

Submission Information:

Reason for Submission:

- ‡ New Enrollment
- ‡ Change Enrollment
- ‡ Cancel Enrollment

Authorized Signature

The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment

- ‡ Electronic Signature of Person Submitting Enrollment
- ‡ Written Signature of Person Submitting Enrollment - A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity
- ‡ Printed Name of Person Submitting Enrollment - The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment
- ‡ Printed Title of Person Submitting Enrollment - The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment



Direct Deposit Authorization

Before completing this form, it's important to know:

- Multiple providers operating under one tax identification number (TIN) with the same payment address must share the same direct deposit bank account.
- You don't need to complete this authorization for new providers when there are already providers in your office who have the same TIN and payment address – and have enrolled in direct deposit already. They'll automatically be enrolled upon joining our networks. All claim payments for each provider will show on the same payment voucher.
- A copy of a voided check is required to process your direct deposit request.

PROVIDER INFORMATION			
Provider Name <i>(Complete legal name of institution, corporate entity, practice or individual provider)</i>			
Provider Address <i>(Payment)</i>			
Street/PO Box	City	State	Zip Code/Postal Code
PROVIDER IDENTIFIERS			
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):			
National Provider Identifier <i>(Type 2/Business NPI if applicable)</i> :			
PROVIDER CONTACT INFORMATION			
Provider Contact Name:			
Telephone Number:		Fax Number:	
Email Address:			
NATIONAL EFT			
National EFT is an option available to all our member dentists. It gives you the ability to be paid by EFT from other Delta Dental Plans Association Member Companies. If you choose to enroll, you authorize other Delta Dental Plans Association Member Companies to deposit funds for claim payments into the account listed below.			
Would you like to enroll in National EFT? <input type="checkbox"/> Yes <input type="checkbox"/> No			
FINANCIAL INSTITUTION INFORMATION			
Financial Institution Name:			
Financial Institution Address:			
Street	City	State	Zip Code/Postal Code
Financial Institution Telephone Number:		Type of Account at Financial Institution: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Financial Institution Routing Number:		Provider's Account Number with Financial Institution:	
Account Number Linkage with Provider Identifier: <i>(select one)</i>			
<input type="checkbox"/> Provider Tax Identification Number (TIN)		<input type="checkbox"/> National Provider Identifier (NPI) Type 2 (Business)	
SUBMISSION INFORMATION			
Reason for Submission:			
<input type="checkbox"/> New Enrollment		<input type="checkbox"/> Change Enrollment <input type="checkbox"/> Cancel Enrollment	
Authorized Signature:			
I hereby authorize Delta Dental of Washington, and any other Delta Dental Plans Association Member Company unless otherwise indicated above, to deposit funds for claim payments directly into the Financial Institution account listed above. This authority will remain in force and effective until I provide written notice to Delta Dental of Washington.			
Submission Date:		Requested EFT Start/Change/Cancel Date: <i>(must be future date)</i>	

Submit this form through DocuSign, by Fax: (800) 460-3159, email: ProviderServices@DeltaDentalWA.com or mail to: Delta Dental of Washington, ATTN: Provider Services, PO Box 75688 Seattle, WA 98175