



ERA Enrollment Instructions

Delta Dental of Iowa - Government Programs

Attention Providers:

To start receiving ERAs electronically for Delta Dental of Iowa - Government Programs through EDS you will need to complete the form below.

Payer:	Delta Dental of Iowa - Government Programs
Payer ID:	CDIAM
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 482-3518 or Enrollment@edsedi.com
Enrollment Application:	Electronic Remittance Advice (ERA/835) Request Form
Send Application to:	Enrollment@edsedi.com Fax (800) 389-9152
Approval Process and Timeframes:	Delta Dental of Iowa - Government Programs takes about 1-2 business days for processing. EDS will deliver ERAs directly to the EDS Portal upon receipt.



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