



## Medicaid of Illinois

Attention Providers:

In order to start receiving your ERAs for Medicaid of Illinois through EDS, you will need to print and review the enrollment form. Please sign the form and submit to EDS with required documentation noted below.

Payer:	Medicaid of Illinois
Payer ID:	CKIL1
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>To enroll please go to <a href="http://www.dentaquest.com/trading-partner/">http://www.dentaquest.com/trading-partner/</a></p> <p>Under Method of Retrieval please select Clearinghouse from the drop down box. You will then enter the clearinghouse information.</p> <ul style="list-style-type: none"> <li>• Clearinghouse: DentalXChange</li> <li>• Clearinghouse Contact Name: Enrollment</li> <li>• Telephone Number: 800-576-6412</li> <li>• Email Address: enrollment@dentalxchange.com</li> </ul> <p>Please select <b>do not have Trading Partner Agreement</b></p>
Enrollment Application:	<b>Electronic Remittance Advice (ERA) Authorization Agreement</b>
Upload, 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:	An email is sent to the provider's office to confirm that Medicaid of Illinois received your request. You will receive a second email to let you know they have completed the setup. Paper EOBs will be shut off upon approval. Payer estimates 2-3 business days for processing.



# 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