



# Medicaid of North Carolina

Attention Providers:

Medicaid of North Carolina sends an ERA for every claim submitted through EDS. In order to ensure the correct delivery for your ERAs, please complete the **Electronic Remittance Advice (ERA) Authorization Form**. DentalXChange will notify you once the enrollment process is complete.

Payer:	Medicaid of North Carolina
Payer ID:	CKNC1
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 482-3518 or <a href="mailto:Enrollment@edsedi.com">Enrollment@edsedi.com</a>
Enrollment Application:	<b>Electronic Remittance Advice (ERA) Authorization Agreement</b>
Upload, Email or Fax Application to:	Send completed forms to EDS Enrollment <a href="mailto:Enrollment@edsedi.com">Enrollment@edsedi.com</a> Fax (651)389-9152
Approval Process and Timeframes:	Medicaid of North Carolina automatically sends an ERA for every claim submitted through EDS. EDS will deliver the ERAs to the EDS Bridge and Portal as they are received.





# 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)

A. Provider Information		
<b>*Provider Name</b>		
<b>*Provider Address</b>		
Street		
City	State/Province	Zip Code/Postal Code
B. Provider Identifiers Information		
<b>* Provider Identifier(s)</b>		
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)		
National Provider Identifier (NPI)		
C. Electronic Remittance Advice Information		
<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)		
D. Submission Information		
<b>*Reason for Submission</b>		
<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