AultCare HMO

Attention Providers:

To start receiving your ERAs from AultCare HMO through EDS you will need to visit www.AultCare.com to complete the online EFT/ERA application. After receiving email confirmation from AultCare, please complete the attached form and submit it to EDS using one of the methods below.

Payer:	AultCare HMO
Payer ID:	DX052
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 483518 or Enrollment@edsedi.com
Online Enrollment Process:	Register for a new account or log in to your AultCare account. Under **Important Forms**, choose EFT/ERA Enrollment and then click “On to the form.” Complete the information for the 835 EFT Enrollment Data form and complete all sections. In section 8 – **Electronic Remittance Advice Vendor Information** enter the following information: Vendor Name: EDI Health Group Inc. Vender Contact Name: Enrollment Department Telephone Number: (800)576-6412 Ext: 461 Email Address: Enrollment@dentalxchange.com You then can choose to save or print your documents. Click on “Email Confirmation” to add Enrollment@dentalxchange.com to the email list.
Upload, Email or Fax Application to:	Send completed forms to: Enrollment@edsedi.com Fax (651)389-9152
Approval Process and Timeframes:	Payer estimates 2 weeks from the date of submission to the payer. EDS will automatically send ERAs to the office via our EDS Portal.

4/25/23

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 Identifier(s)		
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)		
National Provider Identifier (NPI)		
C. Provider Contact Name		
*Contact Email		
*Telephone Number		
*Email Address		
D. Electronic Remittance Advice Information		
* Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)		
☐Provider Tax Identification Number (TIN)		
☐National Provider Identifier (NPI)		
E. Submission Information		
*Reason for Submission		
☐New Enrollment	☐ Change Enrollment	☐Cancel Enrollment
Authorized Signature		

Electronic or Printed Signature of Person Submitting Enrollment

Printed Name & Title of Person Submitting Enrollment