



Medicaid of Arizona (AHCCCS)

Attention Providers:

To start receiving ERAs from Medicaid of Arizona (AHCCCS), please follow the instructions listed below

Payer:	Medicaid of Arizona (AHCCCS)
Payer ID:	DX156
For Enrollment Questions:	EDS Enrollment Department at: (800) 482-3518 or Enrollment@edsedi.com
Special Enrollment Instructions:	<p>Providers need to send information below to servicedesk@azahcccs.gov Authorized Individual from provider's office:</p> <ol style="list-style-type: none">1. Full name2. Phone number3. Individual email address4. Type of EDI transactions requested: 8355. Provider Name:6. AHCCCS 6-digit Provider ID:7. Provider NPI:8. Provider TAX-ID:9. Provide the name of the clearinghouse: DentalXChange10. State that you belong to the provider's office <p>The request for ERA setup with DentalXChange must come from an authorized individual from within the provider's organization; it cannot be initiated by the provider's clearinghouse/software vendor/billing service.</p> <p>A service request will be opened on the provider's behalf and assigned to the ISD EDI BA Team to get the process started</p>



Electronic Remittance Advice (ERA) Authorization Agreement

To start receiving your ERAs from the payer through DentalXChange 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