



Delta Dental of Ohio and other payers

Attention Providers:

To start receiving your ERAs from Delta Dental of Ohio and other payers through EDS you will need to follow the instructions below required by the payer.

Payer:	Delta Dental of Ohio - AND OTHER PAYERS
Payer ID:	MULTI PAYER ID - SEE LIST BELOW
For Enrollment Questions:	Contact the EDS Enrollment Department at (080) 482-3518 or Enrollment@edsedi.com
Enrollment Application:	Electronic Remittance Advice (ERA/835) Request Form
Upload, Email or Fax Application to:	Send completed forms to: Enrollment@edsedi.com
Approval Process and Timeframes:	Payer estimates 3-4 business days from the date of submission. Please log on to your EDS account to view your enrollment status.
Special Instructions: Registration for this payer also registers you for the following Payers.	
3M Dental Services 7000 Alan Strum & Associates R7003 Benefits, Inc. (Sturm and Associates) R7003 Blue Plus Public Programs 7000 DCASI 7000 Delta Dental of Arizona (Arizona Providers Only) 86027 Delta Dental of Arkansas CDAR1 Delta Dental of Indiana DDPI Delta Dental of Kentucky CDKY1 Delta Dental of Michigan DDPM Delta Dental of Minnesota 7000 Delta Dental of Nebraska 7027 Delta Dental of New Mexico DDPNM Delta Dental of North Carolina 56101 Delta Dental of North Dakota 07029 Delta Dental of Ohio DDPO Delta Dental of Tennessee DDPTN Delta Dental Wisconsin Medicare Advantage WIMAN Delta Minnesota Capitation 7000	Delta Minnesota DeltaCare Claims 7000 Delta Minnesota M.A./Public Programs 7031 Delta Minnesota National Claims 7000 Delta Minnesota/Wells Fargo Claims 7000 Delta USA Dental Claims-Plan 005 MN 7000 Flex Compensation R7004 Indiana/Kentucky/Ohio Regional Council of Carpenters DDPI International Brotherhood of Electrical Workers (IBEW), Local 38 Health & Welfare Fund DDPO Laborers Union of Minnesota R7001 MEDICA of Minnesota 7031 NWA Claims 7000 Sturm & Associates R7003 Target Dental Services 7000 UCare 7000 Wilson McShane R7002 Zenith Administrators (MN) R7001



THIS ONE FORM WILL ENROLL THE OFFICE FOR ALL PAYER ID'S LISTED ON PREVIOUS PAGE.

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)		
<input type="checkbox"/> Provider Tax Identification Number (TIN)		
<input type="checkbox"/> National Provider Identifier (NPI)		
E. 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

Printed Name & Title of Person Submitting Enrollment