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**PrimeWest & IMCare**

**DENTAL ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT REGISTRATION**

<b>PAYER ID NUMBERS</b>	<b>LX049 41600</b>				
<b>ELECTRONIC REGISTRATIONS Agreements Required</b>	<b>Electronic Dental Services Provider Enrollment Form</b> <ul style="list-style-type: none"> <li>Please complete all requested information.</li> </ul> <b>Please advise EDS that you wish to receive ERAs from this payer.</b>				
<b>ENROLLMENT CONFIRMATION</b>	ERA enrollments take approximately 10-14 business days for completion. Once complete, EDS will automatically deliver the ERAs via the EDS Bridge or Portal.				
<b>CHANGING ELECTRONIC BILLING AGENTS</b>	If the Provider currently receives ERAs through another Billing Agent other than EDS, each Provider must re-enroll following the procedures listed above.				
<b>LATE/MISSING EFT &amp; ERA PROCEDURE</b>	Pending Payer's Advice.				
<b>DISCONTINUING ERA</b>	Discontinuing ERA is a 2 step process. <ol style="list-style-type: none"> <li>Deactivation             <ol style="list-style-type: none"> <li>Providers receiving ERAs via their Practice Management Software need to request deactivation from their software Vendors. Please call your PMS directly.</li> <li>Providers receiving their ERAs via an EDS Portal account need only ignore the ERA option when logging into the EDS Portal.</li> </ol> </li> <li>Payer Un-enrollment             <ol style="list-style-type: none"> <li>Each payer has their own unique process to discontinue ERAs and return to paper Remittance Advice. Please follow the below steps for this payer.</li> </ol> </li> </ol>				
<b>CONTACT PHONE NUMBERS</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">PrimeWest/IMCare:</td> <td style="text-align: right;">866-431-0802</td> </tr> <tr> <td>Electronic Dental Services</td> <td style="text-align: right;">800-482-3518</td> </tr> </table>	PrimeWest/IMCare:	866-431-0802	Electronic Dental Services	800-482-3518
PrimeWest/IMCare:	866-431-0802				
Electronic Dental Services	800-482-3518				

## Electronic Remittance Advice (ERA) Authorization Agreement

Please complete this form and then submit it to PrimeWest Health.

\*Indicates required field

### Provider Information (DEG1)

Provider name\*

Doing Business As (DBA) name

### Provider Address

Street address\*

City*	State/Province*	Zip code/Postal code*
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### Provider Identifiers Information (DEG2)

Provider Federal Tax Identification Number (TIN)/Employer Identification Number (EIN) 

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National Provider Identifier (NPI) or Unique Minnesota Provider Identifier (UMPI)\*

(Note: Attach a list if there are more Billing NPIs or UMPIs to be included in Authorization.)

### Provider Contact Information (DEG3)

Provider contact name*	Title*
Telephone number*	Email address*

### Preference for Aggregation of Remittance Data (DEG7) – Please select **one** box below and enter the corresponding number\*

Provider TIN (9-digit)     NPI (10-digit)

#### Method of Retrieval – Select **one** of the options below.

Remittance information will be retrieved from the PrimeWest Health provider web portal only. (Registration is required to access the provider web portal. To request access, go to [www.primewest.org/providers](http://www.primewest.org/providers), click on *Provider Web Portal* > *Request access*, and complete the *Web Portal Registration Form*.)

**Clearinghouse** – Please complete the following ERA Clearinghouse Information section.

### ERA Clearinghouse Information (DEG8)

**Clearinghouse Name** – Please indicate the name of the clearinghouse that you are registered with for receiving 835s by checking **one** of the boxes below. *Note: Prior to submission of this Agreement, you must register with a clearinghouse to receive 835s. PrimeWest Health cannot send 835s to your clearinghouse until you have registered.*

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Availity       | <input type="checkbox"/> eProvider Solutions | <input type="checkbox"/> Office Ally                     | <input type="checkbox"/> Tesia         |
| <input type="checkbox"/> ClaimLynx      | <input type="checkbox"/> TriZetto            | <input type="checkbox"/> Change Healthcare (RelayHealth) | <input type="checkbox"/> DentalXChange |
| <input checked="" type="checkbox"/> EDS | <input type="checkbox"/> HealthEC            | <input type="checkbox"/> Change Healthcare (Emdeon)      | <input type="checkbox"/> TruBridge     |
| <input type="checkbox"/> Waystar        | <input type="checkbox"/> PNC                 | <input type="checkbox"/> Change Healthcare (dental)      | <input type="checkbox"/> Other _____   |

Clearinghouse contact name ERA Enrollment Specialist	Contact person telephone number 800-482-3518 Opt 5
Email address Enrollment@edsedi.com	

## Submission Information (DEG10)

New enrollment       Change enrollment       Cancel enrollment

## Authorization

I affirm all information contained in this enrollment application to be correct and true to the best of my knowledge. I understand that providing false or misleading information on this enrollment application will result in rejection from the ERA program and that I will be responsible for any fees, legal or otherwise, incurred by PrimeWest Health on my behalf.

### Authorized Signature

Printed name of person submitting enrollment*	Printed title of person submitting enrollment*
Submission date*	Requested ERA effective date

## Instructions for Completing the ERA Authorization Agreement for Enrollment/Change/Cancellation

Complete the Electronic Remittance Advice (ERA) Authorization Agreement form. Missing, illegible, or incomplete information will delay the set-up of the ERA or cause the enrollment form to be returned.

Complete a new Authorization Agreement form to make changes to an existing enrollment or to cancel an existing enrollment.

Please allow 1 – 2 weeks for the completion of the enrollment once received. If after 2 weeks you do not start receiving ERA files, please contact the Provider Contact Center at **1-866-431-0802** (toll free).

Please make sure the ERA Authorization Agreement is filled out completely prior to submitting.

Before submitting this Agreement, please ensure the following:

- TINs are valid
- NPIs are valid billing NPIs
- An ERA retrieval method is selected. If one is not selected, PrimeWest Health will assume your ERA will be retrieved from the provider web portal.

See Appendix A – Data Element Names and Descriptions for descriptions of each data element collected on the form.

You should receive the ERA and corresponding EFT deposit within 4 business days of each other. If you don't, please call the Provider Contact Center at **1-866-431-0802** (toll free).

Submit the **ERA Authorization Agreement** using the "Submit" button or print the **ERA Authorization Agreement** using the "Print" button and return it to PrimeWest Health.

Attn: Claims Department/Accounts Payable  
PrimeWest Health  
3905 Dakota St  
Alexandria, MN 56308

The **ERA Authorization Agreement** can also be faxed to **1-320-762-1805**.

If you have any questions about this form or the electronic enrollment, send an email to [apclaims@primewest.org](mailto:apclaims@primewest.org) or call the Provider Contact Center at **1-866-431-0802** (toll free).

The provider must proactively contact their financial institution to arrange for the delivery of the CORE-required minimum CCD+ Data Elements necessary for the successful re-association of the EFT payment with the ERA.