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PrimeWest

DENTAL ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT REGISTRATION

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