



Delta Dental of California

Attention Providers:

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

Payer:	Delta Dental of California
Payer ID:	77777
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 482-3518 or Enrollment@edsedi.com
Enrollment Application:	Electronic Remittance Advice (ERA/835) Request Form
Upload, Email or Fax Application to:	Send completed form to: Enrollment@edsedi.com Fax (651) 389-9152
Approval Process and Timeframes:	Payer estimates 30 business days from the date of submission
Special Instructions: Registration with this payer for ERAs also registers you for the following Payers and Payer IDs	
32 BJ 11198 AARP Dental Insurance Plan AARP1 Buffalo Teachers Federation 11198 Central Coast Alliance Health CPP01 DDIC 94276 Delta Dental Health Svcs for Children with Spec Needs (HSCSN) 94275 Delta Dental Ins. Co. - Alabama DDAL1 Delta Dental Ins. Co. - Florida DDFL1 Delta Dental Ins. Co. - Georgia DDGA1 Delta Dental Ins. Co. - Louisiana DDLA1 Delta Dental Ins. Co. - Mississippi DDMS1 Delta Dental Ins. Co. - Montana DDMT1 Delta Dental Ins. Co. - Nevada DDNV1 Delta Dental Ins. Co. - Texas DDTX1 Delta Dental Ins. Co. - Utah DDUT1 Delta Dental of California 77777	Delta Dental of Delaware 51022 Delta Dental of Maryland DDMD1 Delta Dental of New York 11198 Delta Dental of Pennsylvania 23166 Delta Dental of Puerto Rico 66043 Delta Dental of Washington DC 52147 Delta Dental of West Virginia 31096 DeltaCare USA - Claims DDCA2 DeltaCare USA - Encounters DDCA3 District Council 37 Health and Security Plan [DOS after 9/1/20] 11198 Healthy Families (CA) CPPCA Kings County Healthy Kids CPP10 Partnership Health Plan of California Healthy Kids CPP03 Partnership HealthPlan of California Partnership Advantage (HMO) CPP08 San Diego Neighborhood House Association CPP04 San Francisco Healthy Kids CPP05 San Mateo Healthy Kids CPP06 Sierra Sacramento Valley Regional (Healthy Kids Healthy Future) CPP02

PLEASE ALSO RETURN THIS PAGE WITH THE INFORMATION BELOW:

PRACTICE TAX ID: _____

LOCATION ADDRESS: _____

BILLING NPI _____

800.482.3518

400 Vermillion St . Hastings. MN 55033

01/08/2021



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