



## Claims Enrollment Instructions

# Deseret Mutual Benefit Administrators (DMBA) Attention

Providers:

In order to start sending your claims electronically to Deseret Mutual Benefit Administrators through EDS, you will need to follow the instructions below required by the payer.

Payer:	Deseret Mutual Benefit Administrators (DMBA)
Payer ID:	DX214
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 482-3518 ext or <a href="mailto:Enrollment@edsedi.com">Enrollment@edsedi.com</a>
Payer Enrollment Applications:	<b>Electronic Enrollment Form</b>
Email or Fax Application to:	EDS Enrollment Department at (800) 482-3518 or <a href="mailto:Enrollment@edsedi.com">Enrollment@edsedi.com</a>
Processing Time:	Payer estimates 3-4 business days for processing. EDS will notify you of approval.

**800.482.3518**

400 Vermillion St . Hastings. MN 55033

01/08/2021



60 East South Temple • P.O. Box 45530  
 Salt Lake City, Utah 84145  
 Telephone 1-801-578-5600 • Toll free 1-800-777-3622  
 Fax 1-801-578-5903 • Web site: [www.dmba.com](http://www.dmba.com)

## Electronic Enrollment Form

This form must be completed and approved before sending electronic transactions to Deseret Mutual.

Trading Partner Number: **HT** 006310-001

Group/Provider Name: \_\_\_\_\_ TIN: \_\_\_\_\_

Group National Provider Identifier (NPI): \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Pay to Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ \*Email: \_\_\_\_\_

Please list each provider and provider NPI below. If the names of the providers do not all fit in the space below, please send the additional in a spreadsheet or table separately.

Provider Name	Provider NPI

Please indicate the type of claims and electronic transactions you will be submitting to Deseret Mutual.

- |                                                                   |                                                             |
|-------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Professional Claims (CMS 1500)           | <input type="checkbox"/> Electronic Remittance Advice (835) |
| <input type="checkbox"/> Institutional Claims (UB04)              | <input type="checkbox"/> Eligibility Inquiry (270/271)      |
| <input checked="" type="checkbox"/> Dental Claims (ADA 2006/J400) | <input type="checkbox"/> Claims Status Inquiry (276/277)    |

\*Deseret Mutual will send email confirmation within 10 days to the address provided. If you don't receive confirmation, please call Provider Maintenance at 1-800-777-3622, press options 1, 3, and then 4, or email [edienrollment@dmba.com](mailto:edienrollment@dmba.com)