

Electronic Remittance Advice (ERA) enrollment form instructions

General instructions:

1. Delta Dental requires both the EFT and ERA forms to be completed.
2. Once we receive the completed forms and/or confirmation from the clearinghouse to set up the provider (if applicable), allow 2-3 weeks for the enrollment process. The enrollment process includes pre-note verification, provider/clinic/facility name and TIN confirmation with IRS and verifying NPIs.
NOTE: Each clearinghouse may require providers to complete a separate enrollment form.
3. If there are multiple NPIs under one TIN, complete one ERA/EFT enrollment form and complete the List of NPI page included with this form. If there are different bank account for each NPIs, complete one ERA/EFT form for each.
4. For questions regarding the forms, please send an email to edigroup@modahealth.com.

Completing the ERA Form

1. Provider information

- a. Provider name – provider/clinic/facility name as listed in the W9 or IRS EIN assignment letter.
- b. Doing business as name – DBA name if applicable.
- c. Provider address – this can be the billing address or physical location.

2. Provider identifiers information

- a. Provider TIN or EIN – provider/clinic/facility TIN or EIN.
- b. National Provider Identifier – provide Type II NPI if enrolling a clinic, provider group or facility. If enrolling an individual provider or sole proprietor, provide Type I NPI if you have one, otherwise provide Type I.
- c. Other identifier/taxonomy code – provide if known but this is not a requirement.

3. Provider contact information

- a. Provider contact name – name of contact person for the provider/clinic/facility.
- b. Telephone number and extension – provider telephone and extension for the contact person.
- c. Email address – email address of the provider contact person.

4. Electronic Remittance Advice information

- a. Preference for aggregation of remittance data (e.g account number linkage to provider identifier):
 - Provider Federal Tax Identification Number – provide provider/clinic/facility TIN.
 - National Provider Identifier – provide Type II NPI if enrolling a clinic, provider group or facility. If enrolling an individual provider or sole proprietor, provide Type I NPI, if you have one, otherwise provide Type I.
- b. Method of retrieval – generally this should be “Clearinghouse.”

5. Electronic Remittance Advice clearinghouse information

- a. Clearinghouse name – provide clearinghouse name. See the clearinghouse list below.

6. Submission information

- a. Reason for submission – check if enrollment is new, change or cancel.
- b. Authorized signature – digital or written and printed name of the authorized personnel.
- c. Submission date – date form is submitted to Moda.

Changes to an existing 835 setup

Bank account update

Complete new EFT enrollment form and fax to DDOR. Allow 10 business days for bank account update as this requires pre-note verification.

Clearinghouse update

Complete new ERA enrollment form. Providers must contact their clearinghouses for specific instructions on their enrollment process.

Other updates

Change in Tax Identification Number (TIN), Employer Identification Number (EIN) and/or National Provider Identification (NPI)

- a. Providers are required to contact Delta Dental Professional Relations department to update the TIN, EIN or NPI in our provider records:
dpr@modahealth.com
Phone 888-374-8905
Fax 503-243-3965
- b. Contact clearinghouse for their specific instructions on their enrollment process.
- c. Providers will need to complete and submit new ERA and EFT forms.

Change in billing or physical address

- a. Providers are required to contact Delta Dental Professional Relations department to update the address in our provider records. See above contact information.
- b. New forms are not necessary as this does not affect the delivery of payment or ERA.

Cancellation of 835 setup

To cancel 835 setup, send an email request to edigroup@modahealth.com.

Delta Dental of OR/AK ERA Clearinghouse Connection for ERA/EFT enrollment

| Clearinghouse name | Contact and general enrollment information for Delta Dental of Oregon and Alaska. |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| APEX EDI | <p>Complete the Delta Dental ERA and EFT form and mail or fax to contact information on the forms. If you have any questions regarding Apex EDI, see below contact information: www.apexedi.com</p> |
| Astra Practice Partners | <p>DAISY requires providers to complete the ERA Quick Post Astra Practice Partners Customer Enrollment Agreement. Please contact Astra Practice Partners regarding this. Complete the Delta Dental ERA form and EFT form and mail or fax to contact information on the forms. If you have any questions regarding Astra Practice Partners, see below contact information: 800-368-6401 www.astrapracticepartners.com</p> |
| EDI Health Group, Inc – DentalXChange | <p>Complete the Delta Dental ERA form and EFT form and send or fax to EHG. EHG processes the provider enrollment forms, then forwarded to Delta Dental to start the set up. If you have any questions regarding EHG, see below contact information: 800-576-6412 www.Dentalxchange.com</p> |
| Tesia – PCI (Dental) | <p>Complete the Delta Dental ERA and EFT form and send or fax to contact information on the forms. If you have any questions regarding Tesia-PCI, see below contact information: vynedental.com</p> |
| Trizetto /Gateway EDI | <p>Trizetto/Gateway EDI requires provider to enroll with them first in order to receive ERA from Delta Dental. Complete the Delta Dental ERA form and EFT form and fax to Gateway EDI Provider Enrollment 314-898-1932. Once Trizetto/Gateway EDI completes processing the provider enrollment forms, these are forwarded to Delta Dental for processing. For any question regarding this process, please contact Trizetto/Gateway EDI: Provider Enrollment – 800-969-3666 www.trizettoprovider.com</p> |



Delta Dental Electronic Remittance Advice (ERA) enrollment form and instructions

Section 1 > Provider information

| | | |
|----------------|-------------------------------|-----------------------|
| Provider name: | Doing business as name (DBA): | |
| Street: | | |
| City: | State/Province: | ZIP code/Postal code: |

Section 2 > Provider identifiers information

| |
|-------------------------------------------------------------------------------------------|
| Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): |
| National Provider Identifier (NPI): |
| Other identifier(s); provider taxonomy code: |

Section 3 > Provider contact information

| | | |
|------------------------|-------------------|----------------------|
| Provider contact name: | Telephone number: | Telephone extension: |
| Email address: | | |

Section 4 > Electronic Remittance Advice information

Preference for Aggregation of Remittance Data (e.g. account number linkage to provider identifier)

| | | |
|------------------------------------|-------------------------------------|----------------------|
| Provider Tax Identification (TIN): | National Provider Identifier (NPI): | Method of retrieval: |
|------------------------------------|-------------------------------------|----------------------|

Section 5 > Electronic Remittance Advice Clearinghouse information

| |
|---------------------|
| Clearinghouse name: |
|---------------------|

Section 6 > Submission information

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------|
| Reason for submission <input type="checkbox"/> New enrollment <input type="checkbox"/> Change enrollment <input type="checkbox"/> Cancel enrollment | | |
| Digital signature: | | |
| Written signature: X | | |
| Printed name: | Printed title: | Submission date (ccyyymmdd): |

Confidential when completed. Please mail or fax to:

Delta Dental of Oregon and Alaska
ATTN: EDI Department
601 SW 2nd Ave
Portland, OR 97204
Fax number: 503-412-4068

NOTE: Do not send completed form via email. Do not include enrollment form instructions or nondiscrimination notice when returning forms.



Electronic Fund Transfer (EFT) enrollment form instructions

General instructions:

1. Delta Dental requires both the EFT and ERA forms to be completed.
2. Once we receive the completed forms and/or confirmation from the clearinghouse to set up the provider (if applicable), allow 2-3 weeks for the enrollment process. The enrollment process includes pre-note verification, provider/clinic/facility name and TIN confirmation with IRS and verifying NPIs.
3. If there are multiple NPIs under one TIN, complete one ERA/EFT enrollment form and complete the List of NPI page included with this form. If there are different bank account for each NPIs, complete one ERA/EFT form for each.
4. For questions regarding the forms, please send an email to edigroup@modahealth.com.

Completing the EFT Form

1. **Provider information**
 - a. Provider name – provider/clinic/facility name as listed in the W9 or IRS EIN Assignment letter.
 - b. Doing business as name – DBA name if applicable.
 - c. Provider address – this can be the billing address or physical location.
2. **Provider identifiers information**
 - a. Provider TIN or EIN – provider/clinic/facility TIN or EIN.
 - b. National provider identifier – provide Type II NPI if enrolling a clinic, provider group or facility. If enrolling an individual provider or sole proprietor, provide Type I NPI if you have one, otherwise provide Type I.
 - c. Other identifier/Taxonomy code – provide if known but this is not a requirement.
3. **Provider contact information**
 - a. Provider contact name – name of contact person for the provider/clinic/facility.
 - b. Telephone number and extension – provider telephone and extension for the contact person.
 - c. Email address – email address of the provider contact person.
4. **Financial institution information**
 - a. Financial institution name – provide name of financial institution.
 - b. Financial institution routing number – provide the ACH Transit Routing Number.
 - c. Type of account at financial institution – ‘Checking’ or ‘Savings’.
 - d. Provider’s account number with Financial Institution – provide the checking or savings account number.
 - e. Account number linkage to provider identifier:
Tax Identification Number (TIN) – provider/clinic/facility TIN linked to the checking account.
National Provider Identifier (NPI) – provider/clinic/facility NPI linked to the checking account.
5. **Submission information**
 - a. Reason for submission – check if enrollment is new or change.
 - b. Authorized signature – digital or written and printed name of the authorized personnel.
 - c. Submission date – date form is submitted to Moda.

Delta Dental National Solution – Electronic Funds Transfer

Complete the attached attestation form to let us know if you’d like to be included in the Delta Dental national solution for EFT.

Changes to an existing 835 setup

Bank account update

Complete new EFT enrollment form and fax to DDOR. Allow 10 business days for bank account update as this requires pre-note verification.

Clearinghouse update

Complete new ERA enrollment form. Providers must contact their clearinghouses for specific instructions on their enrollment process.

Other updates

Change in Tax Identification Number (TIN), Employer Identification Number (EIN) and/or National Provider Identification (NPI)

- a. Providers are required to contact Delta Dental Professional Relations department to update the TIN, EIN or NPI in our provider records:
dpr@modahealth.com
Phone 888-374-8905
Fax 503-243-3965
- b. Contact clearinghouse for their specific instructions on their enrollment process.
- c. Providers will need to complete and submit new ERA and EFT forms.

Change in billing or physical address

- a. Providers are required to contact Delta Dental Professional Relations department to update the address in our provider records. See above contact information.
- b. New forms are not necessary as this does not affect the delivery of payment or ERA.

Cancellation of 835 setup

To cancel 835 setup, send an email request to edigroup@modahealth.com.



Electronic Fund Transfer (EFT) enrollment form

Section 1 > Provider information

| | | |
|----------------|-------------------------------|-----------------------|
| Provider name: | Doing business as name (DBA): | |
| Street: | | |
| City: | State/Province: | ZIP code/Postal code: |

Section 2 > Provider identifiers information

| |
|-------------------------------------------------------------------------------------------|
| Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): |
| National Provider Identifier (NPI): |
| Other identifier(s); provider taxonomy code: |

Section 3 > Provider contact information

| | | |
|------------------------|-------------------|----------------------|
| Provider contact name: | Telephone number: | Telephone extension: |
| Email address: | | |

Section 4 > Financial institution information

| | |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Financial institution name: | Financial institution routing number: |
| Type of account at financial institution: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | Provider's account number with financial institution: |
| Provider Tax Identification Number (TIN): | National Provider Identifier (NPI): |

Section 5 > Submission information

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------|
| Reason for submission <input type="checkbox"/> New enrollment <input type="checkbox"/> Change enrollment <input type="checkbox"/> Cancel enrollment | | |
| Digital signature: | | |
| Written signature: X | | |
| Printed name: | Printed title: | Submission date (ccyyymmdd): |

Confidential when completed. Please mail or fax to:

Delta Dental of Oregon and Alaska
 ATTN: EDI Department
 601 SW 2nd Ave
 Portland, OR 97204
 Fax number: 503-412-4068

NOTE: Do not send completed form via email. Do not include enrollment form instructions or nondiscrimination notice when returning forms.





Delta Dental National Solution – Electronic Funds Transfer

To reduce the amount of EFT enrollment forms your office needs to complete, you now have the option to ask us to share your EFT information with other Delta Dental member companies nationwide (for when you see patients with employers headquartered in other states).

Please note, this attestation is for Oregon and Alaska dentists only. You will need to work with your local Delta Dental if you are a dentist from another state.

Mark your preference, below, so we can handle as requested:

- Yes – please share my enrollment information nationally.
- No – use the information provided only for Delta Dental of OR and AK.

Dentist/Office name

Authorizing signature

Title

- I have read the [Terms and conditions](#) (required)

Terms and conditions

In consideration for the provision of direct deposit services, by signing above, and notwithstanding any language to the contrary herein, you hereby acknowledge and agree that (i) any information you have provided, including but not limited to, the information you supplied under the heading “Banking Information”, may be transferred, shared or otherwise provided by us to or with any entity that is an affiliate of Delta Dental, as defined above, with other Delta Dental member companies and their affiliates, and with Delta Dental Plans Association, for use in connection with funds to be deposited to your account, (ii) allow at least 3 weeks to process any election to discontinue enrollment in this direct deposit program, it may not be effective to halt any deposits that were initiated while your enrollment in this direct deposit program was in effect, and (iii) in the absence of gross negligence or willful misconduct, neither we, any of our members and affiliates, other Delta Dental member companies and their affiliates, or Delta Dental Plans Association, will be responsible for any damages, or for any fee, charge or other expense assessed against the Bank Account identified, in connection with this direct deposit program.

Further, by accepting these terms, you represent and warrant that (i) all of the information you supplied is true and accurate, (ii) the information provided under the heading “Banking Information,” identifies a bank account held by the Business you identified, and (iii) the signatory to this Direct Deposit Enrollment Form (“Form”) has all necessary power and authority to execute this Form.

Please fax your response to Dental Professional Relations at 503-243-3965 or email to dpr@modahealth.com.



Moda Health nondiscrimination notice

Moda, Inc. complies with applicable federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability or sex.

Moda provides free, timely aids and services to people with disabilities to help them communicate with us effectively. These accommodations include sign language interpreters and written information in other formats.

If your primary language is not English, Moda also provides free, timely interpretation services and/or materials written in other languages.

If you need any of the services listed above, contact:

Customer Service,
503-243-2987 or 800-342-0526
(TDD/TTY 711)

If you believe that Moda has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a written grievance by mailing or faxing it to:

Moda, Inc.
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

If you need assistance filing a grievance, please call the applicable Customer Service department listed to the left.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone to:

U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-368-1019, 800-537-7697 (TDD).

Office for Civil Rights complaint forms are available at hhs.gov/ocr/office/file/index.html.

Moda's efforts to assure nondiscrimination are coordinated by:

Tom Bikales, VP Legal Affairs
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

注意：如果您說中文，可得到免費語言幫助服務。請致電 1-877-605-3229 (聾啞人專用：711)

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyonang tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

ATANSYON: Si ou pale Kreyòl Ayisyen, nou ofri sèvis gratis pou ede w nan lang ou pale a. Rele nan 1-877-605-3229 (moun ki itilize sistèm TTY rele : 711)

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

ATENÇÃO: Caso fale português, estão disponíveis serviços gratuitos de ajuda linguística. Telefone para 1-877-605-3229 (TERMINAL: 711)

ATTENZIONE: Se parla italiano, sono disponibili per lei servizi gratuiti di assistenza linguistica. Chiamare il numero 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229 (TTY、テレタイプライターをご利用の方は711)までお電話ください。

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با 1-877-605-3229 تماس بگیرید. (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

โปรดทราบ: หากคุณพูดภาษาไทย คุณจะสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.