

ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT FORM

PROVIDER INFORMATION			
1. Provider Name:	2. Doing Business As Name (DBA):		
3. Provider Address – Street:	4. City:	5. State/Province:	6. ZIP Code/Postal Code:

PROVIDER IDENTIFIERS INFORMATION	
7. Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):	8. National Provider Identifier (NPI):

PROVIDER CONTACT INFORMATION		
9. Provider Contact Name:	10. Telephone Number:	11. Email Address:

ELECTRONIC REMITTANCE ADVICE INFORMATION
Preference for Aggregation of Remittance Data (Account Number Linkage to Provider Identifier)
12. National Provider Identifier (NPI)
13. Method of Retrieval: The only method of retrieval from Medi-Cal Dental is Secure FTP.

ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION
14. Clearinghouse Name:

ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION
15. Vendor Name:

16. Reason for Submission: New Enrollment Change Enrollment Cancel Enrollment

17. _____ <div style="text-align: center; font-size: small;">Authorized Signature</div>	_____ <div style="text-align: center; font-size: small;">Submission Date</div>
Printed name of provider	

Mail the completed form to: Medi-Cal Dental Attention: Provider Enrollment Department, P.O. Box 15609, Sacramento, CA 95852-0609. To check status, call (916) 853-7373 and ask for EDI Support.

To research and resolve a late or missing v5010 X12 835, please contact Medi-Cal Dental EDI Support at (916) 853-7373 (e-mail: Medi-CalDentalEDI@delta.org). Late or missing is defined as a maximum elapsed time of four business days following the receipt of an associated Electronic Funds Transfer (EFT).

Instructions for Completing the Electronic Remittance Advice (ERA) Enrollment Form

By submitting this form, the provider is authorizing Medi-Cal Dental to provide remittance data electronically.

The ERA is the v5010 X12 835 transaction. For assistance in completing the Electronic Remittance Advice (ERA) Enrollment form, please contact Medi-Cal Dental EDI Support at (916) 853-7373 (e-mail: Medi-CalDentalEDI@delta.org). These instructions may also be found in the EDI section on the Medi-Cal Dental website at www.Dental.DHCS.ca.gov.

PROVIDER INFORMATION

1. Enter the provider name
2. If using a doing business as name (DBA) enter the DBA
3. Enter the provider service office street address
4. Enter the service office city
5. Enter the service office state
6. Enter the service office zip code

PROVIDER IDENTIFIERS INFORMATION

7. Depending on how earnings are reported enter the provider tax identification number (TIN) or Employer Identification number (EIN) or Social Security Number (SSN)
8. Enter the provider National Provider Identifier (NPI) for the service office location

PROVIDER CONTACT INFORMATION

9. Enter the contact name
10. Enter the telephone number for the service office
11. Enter the provider email address

ELECTRONIC REMITTANCE ADVICE INFORMATION

12. Enter the provider National Provider Identifier (NPI) for the service office location; must match the preference for ERA payment.
13. Method of retrieval: The only method of retrieval from Medi-Cal Dental is Secure FTP.

ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

14. If applicable, enter the name of the provider's Electronic Data Interchange (EDI) clearinghouse

ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION

15. If applicable, enter the name of the provider's Practice Management System/Software vendor

REASON FOR SUBMISSION

16. Check the ERA action "New Enrollment", "Change Enrollment" or "Cancel Enrollment"

OTHER

17. Sign and date the ERA form; requires the provider's original signature

Mail the completed form to: Medi-Cal Dental
Attention: Provider Enrollment Department
P.O. Box 15609
Sacramento, CA 95852-0609.

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