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CHAMPVA / SPINA BIFIDA – VA HAC
 DENTAL ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT REGISTRATION

PAYER ID NUMBER	84147
ELECTRONIC REGISTRATIONS Agreements Required	<p>Participation in Dental Electronic Remittance Advice (ERA) is limited to those provider's whose practice management software vendor is participating in ERA with Emdeon or to those provider's who have a Dental Provider Services (DPS) account. Please contact your software vendor to verify participation or register for a DPS account at www.emdeodental.com</p>
ENROLLMENT CONFIRMATION	<p>ERA enrollments take approximately 2-4 days for completion. Once complete, Emdeon Dental will notify the provider or their software vendor to expect to begin receiving ERAs from CHAMPVA / Spina Bifida – VA HAC.</p>
CHANGING ELECTRONIC BILLING AGENTS	<p>If the Provider currently receives ERAs through another Billing Agent other than Emdeon Business Services each Provider must re-enroll following the procedures listed above.</p>
DISCONTINUING ERA	<p>Discontinuing ERA is a 2 step process.</p> <ol style="list-style-type: none"> 1. Deactivation <ol style="list-style-type: none"> a. Providers receiving ERAs via their Practice Management Software need to request deactivation from their software Vendors. Please call your PMS directly. b. Providers receiving their ERAs via an Emdeon DPS account need only ignore the ERA option when logging into the DPS. 2. Payer Un-enrollment <ol style="list-style-type: none"> a. Each payer has their own unique process to discontinue ERAs and return to paper Remittance Advice. Please follow the below steps for this payer. <p>Providers who wish to discontinue receiving ERAs from CHAMPVA / Spina Bifida – VA HAC should fax a letter of request to Emdeon at 860-289-0055.</p>
CONTACT PHONE NUMBERS	<p>Emdeon Business Services Provider Enrollment 888-255-7293</p>