



220 Burnham Street • South Windsor, CT 06074  
 Vox 888-255-7293 • Fax 860-289-0055

**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.emdeondental.com](http://www.emdeondental.com)**

DELAWARE MEDICAID  
 DENTAL ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT REGISTRATION

PAYER ID NUMBER	CKDE1
ELECTRONIC REGISTRATIONS Agreements Required	<p>Emdeon Dental Provider Enrollment Form</p> <ul style="list-style-type: none"> <li>Please complete all requested information.</li> </ul> <p>Letter of Request</p> <ul style="list-style-type: none"> <li>Please compose a letter of request using your office letterhead. A sample has been included.</li> </ul>
SPECIAL NOTES	Letter of request must be submitted on office letterhead with original authorized signature.
SEND REGISTRATION FORMS TO	<p>Emdeon Business Services          220 Burnham Street          South Windsor, CT 06074          Attn: Provider Enrollment</p>
ENROLLMENT CONFIRMATION	ERA enrollments take approximately 5-7 days for completion. Once complete, Emdeon Dental will notify the provider or their software vendor to expect to begin receiving ERAs from Delaware Medicaid.
CHANGING ELECTRONIC BILLING AGENTS	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.



220 Burnham Street • South Windsor, CT 06074  
 Vox 888-255-7293 • Fax 860-289-0055

**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.emdeondental.com](http://www.emdeondental.com)**

<p>DISCONTINUING ERA</p>	<p>Discontinuing ERA is a 2 step process.</p> <ol style="list-style-type: none"> <li>1. Deactivation       <ol style="list-style-type: none"> <li>a. Providers receiving ERAs via their Practice Management Software need to request deactivation from their software Vendors. Please call your PMS directly.</li> <li>b. Providers receiving their ERAs via an Emdeon DPS account need only ignore the ERA option when logging into the DPS.</li> </ol> </li> <li>2. Payer Un-enrollment       <ol style="list-style-type: none"> <li>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.</li> </ol> </li> </ol> <p>If a provider wishes to discontinue ERAs with Delaware Medicaid a written letter of request must be completed on the office’s letterhead with an authorized signature and mailed to:</p> <p style="text-align: center;">Delaware Medicaid        Provider Relations        PO Box 909        Manor Branch        New Castle, DE 19720</p>				
<p>CONTACT PHONE NUMBERS</p>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Delaware Medicaid</td> <td style="border: none; text-align: right;">302-454-7154</td> </tr> <tr> <td style="border: none;">Emdeon Business Services Provider Enrollment</td> <td style="border: none; text-align: right;">888-255-7293</td> </tr> </table>	Delaware Medicaid	302-454-7154	Emdeon Business Services Provider Enrollment	888-255-7293
Delaware Medicaid	302-454-7154				
Emdeon Business Services Provider Enrollment	888-255-7293				



220 Burnham Street • South Windsor, CT 06074  
Vox 888-255-7293 • Fax 860-289-0055

**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.emdeondental.com](http://www.emdeondental.com)**

**PROVIDER ENROLLMENT FORM**

Print/Type the following:

Insurance Carrier: **Delaware Medicaid – ERA Payer ID CKDE1**

Provider/Organization Name: \_\_\_\_\_

Tax Identification or Social Security Number: \_\_\_\_\_  
*(Number that will be used to submit electronic claims)*

Software Vendor: \_\_\_\_\_

Group Number: \_\_\_\_\_  
*(if applicable)*

Group NPI Number: \_\_\_\_\_  
*(if applicable)*

Name	Number	Rendering	NPI
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

**insert office address**

**insert date**

Provider ID: **\_\_insert provider ID\_\_**

Delaware Medicaid  
Provider Relations  
PO Box 909  
Manor Branch  
New Castle, DE 19720

Dear Delaware Medicaid:

Subject: Electronic Remittance Advise request

Please begin sending ERAs for the above noted Delaware Medicaid Provider ID to my EDI clearinghouse Claims Processing Service dba Emdeon Dental submitter ID 345463160.

My National Provider Identifier (NPI) is **\_\_insert NPI #\_\_**.

Should you have any questions or concerns please call me at **\_\_insert phone number\_\_**.

Respectfully,

Name of authorized signer