



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

HORIZON HEALTHCARE DENTAL SERVICES
 DENTAL ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT REGISTRATION

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| PAYER ID NUMBER | 22099 |
| 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.emdeondental.com</p> |
| SPECIAL NOTES | <p>Only providers who are participating with Horizon Healthcare Dental Services will receive ERAs.</p> |
| ENROLLMENT CONFIRMATION | <p>ERA enrollments take approximately 3-5 business days for completion. Once complete, Emdeon Dental will notify the provider or their software vendor to expect to begin receiving ERAs from Horizon Healthcare Dental Services.</p> |
| CHANGING ELECTRONIC BILLING AGENTS | <p>If the Provider currently receives ERAs through another Billing Agent other than Emdeon each Provider must re-enroll following the procedures listed above.</p> |



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| <p>DISCONTINUING ERA</p> | <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>If a provider wishes to discontinue receiving ERAs from Horizon Healthcare Dental Services he needs to fax a letter of request the payer at 973-274-4154 attention Shirley Antoine. The letter must be typed on office letterhead and contain Tax ID and Provider name.</p> | | | | |
| <p>CONTACT PHONE NUMBERS</p> | <table> <tr> <td>Horizon Healthcare Dental Services</td> <td>800-433-6825</td> </tr> <tr> <td>Emdeon Provider Enrollment</td> <td>888-255-7293</td> </tr> </table> | Horizon Healthcare Dental Services | 800-433-6825 | Emdeon Provider Enrollment | 888-255-7293 |
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