

Delta Dental of Michigan Includes all payers listed below 835

EDI Enrollment Instructions:

- Please save this document to your computer. Open the file in the Adobe Reader program and type directly onto the form.
- Complete the form using the provider's billing/group information as credentialed with this payer.
- Once completed, save, print and obtain appropriate signature.
- EDI enrollment processing timeframe is approximately 10 business days.

837 Claim Transactions:

Enrollment applies to ERA only and is not necessary prior to sending claims.

835 Electronic Remittance Advice:

Delta Dental of Michigan Electronic Remittance Advice (ERA) Enrollment Form

Complete all applicable fields.

Submit Completed Document:

1. Fax to Tesia
888-690-2906

Payer Name	Payer ID
DELTA DENTAL INSURANCE OF AR	DELAR
DELTA DENTAL INSURANCE OF IN	DELT I
DELTA DENTAL INSURANCE OF KY	CDKY1
DELTA DENTAL INSURANCE OF MI	DELTA
DELTA DENTAL INSURANCE OF NM	85022
DELTA DENTAL INSURANCE OF NC	56101
DELTA DENTAL INSURANCE OF OH	DELTO
DELTA DENTAL INSURANCE OF TN	DELTN
RENAISSANCE LIFE & HEALTH	RLHA1
TRICARE RETIREE PROGRAM	CDCA1

Tesia Clearinghouse Electronic Remittance Advice (ERA) Enrollment Form

PROVIDER INFORMATION	<p>*Provider Name: _____ (Complete legal name of institution, corporate entity, practice, or individual provider.)</p> <p>Doing Business as Name (DBA): _____</p> <p>Provider Address: _____ *Street (The number and street name where a person or organization can be found.)</p> <p>_____ *City *State/Province *Zip Code/Postal Code Country Code</p>
	<p>*Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): _____</p> <p>*National Provider Identifier (NPI): _____</p>
	<p>*Contact Name: _____ Title: _____</p> <p>*Telephone Number: _____ Telephone Number Extension: _____</p> <p>*Email Address: _____ Fax Number: _____</p>
	ERA INFORMATION
<p>Clearinghouse Name: _____ Tesia Clearinghouse</p>	
<p>Vendor Name: _____</p>	
SUBMISSION INFORMATION	<p>*Reason for Submission: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Enrollment <input type="checkbox"/> Cancel Enrollment</p> <p>*Authorized Signature: _____ Written Signature of Person Submitting Enrollment</p> <p>_____ Printed Name of Person Submitting Enrollment</p> <p>_____ Printed Title of Person Submitting Enrollment</p> <p>Submission Date: _____</p> <p>Requested ERA Effective Date: _____</p>