Payer ID: MAMDN

Massachusetts Medicaid
MassHealth DentaQuest
835

EDI Enrollment Instructions:

- Complete the form using the provider's billing/group information as credentialed with this payer.
- Once completed, save for your records, print and obtain appropriate signature(s).
- EDI enrollment processing timeframe is approximately 15 business days.
- To check status of EDI enrollment, please contact the payer at Tammy.Kegley@greatdentalplans.com

837 Claim Transactions:

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

835 Electronic Remittance Advice:

DentaQuest Electronic Remittance Advice (ERA) Authorization Agreement.

Complete all applicable fields.
ERA with DentaQuest will be setup by **Tax ID.**
The NPI field will be the primary NPI assigned to this Tax ID.

Submit Completed Document:

Email to DentaQuest, MassHealth at:

EDITeam@greatdentalplans.com

DentaQuest Electronic Remittance Advice (ERA) Authorization Agreement.

Please be sure to complete all of the required fields (marked with a star) and email the completed form to EDITeam@greatdentalplans.com .

Please enter the following information:

Provider/Organization/Practice Identification:

Provider Name:* _____

Doing Business As Name (DBA): _____

Street: * _____

City:* _____

Zip Code: * _____

Country:*_____

State:* _____

Provider Identifiers:

Provider Federal Tax Identification Number (TIN):* _____

National Provider Identifier (NPI): * _____

Organization/Practice Contact Person:

Provider Contact Name: * _____

Telephone Number: * _____

Email Address: * _____

Preference for Aggregation of Remittance Data (e.g. Account Number Linkage to Provider Identifier)

Please choose aggregation type based on the identification used by your receiving bank on your bank account. If you are identified on your bank account by TIN, please choose TIN. If by NPI, please choose

NPI. If you are identified by TIN, please do ***not*** choose NPI. The aggregation type must match your banking institution's identification on your bank account.

☒ Provider Tax Identification (TIN) ☐ National Provider Identifier (NPI)

Method of Retrieval: *

☐Trading Partner Web Portal ☐FTP ☐Agent ☐Direct ☒Clearinghouse

Please enter information if you receive EDI transactions through a clearinghouse rather than directly.

Clearinghouse Name: * ClaimRemedi, aka Waystar

Clearinghouse Contact Name: * Enrollment Department

Telephone Number: * 800-763-8484

Email Address: * enrollment@claimremedi.com

Reason for Submission: * ☐ New Enrollment ☐Change Enrollment ☐Cancel Enrollment

Please type your name, date, and the requested effective ERA date for this enrollment below:

Written Signature of Person Submitting Enrollment: _____

Printed Name of Person Submitting Enrollment: _____

Submission Date: _____

Requested ERA Effective Date: _____

For assistance or questions regarding this form please contact our EDI Team at EDITeam@greatdentalplans.com and a representative will contact you. You may return this form via email at EDITeam@greatdentalplans.com .