



## Electronic Funds Transfer & Electronic Remittance Advice Enrollment

To enroll in the Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) service, please complete the enrollment form below and include a voided check. Then either mail or fax it back to us.

**Mail:**

*Attn: Accounting Department  
Delta Dental of Idaho  
555 E Parkcenter Blvd  
Boise, ID 83706*

**Fax:**

*(208) 489-3519*

To receive your ERA's from the Delta Dental National ERA Portal, simply login to your account at [deltadental.com](http://deltadental.com) and click on the "Check National ERA" link. Please note that the Delta Dental National ERA Portal is hosted by DentalXChange and while you do not need an account to receive your ERA's, if you have multiple offices, it may be beneficial to contact DentalXChange and let them know you would like the offices grouped when viewing your ERA's. You can contact them toll-free at (800) 576-6412.

By enrolling in the EFT/ERA service, you agree to receive claim payments electronically from other Delta Dental member companies and to have your remittance advices delivered electronically via the Delta Dental National ERA Portal.

Business Name: \_\_\_\_\_ Tax ID Number / SSN: \_\_\_\_\_

NPI: \_\_\_\_\_ Email Address: \_\_\_\_\_

Bank / Depository Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ (Please also include a voided check)

Account Number: \_\_\_\_\_

Authorized By (please print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DELTA DENTAL OF IDAHO 555 E Parkcenter Blvd Boise, ID 83706 (208) 489-3580 Fax (208) 489-3553

Delta Dental of Idaho complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-(800) 356-7586.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-(800) 356-7586。