

Delta Dental of New Jersey, Inc. & Delta Dental of Connecticut, Inc.

Full Electronic Solution – National EFT + ERA*

Authorization Agreement – Instructions and Enrollment Form

<p>Submission of the <u>Full Electronic Solution</u> form allows Delta Dental of New Jersey and Connecticut, Delta Dental member companies and their affiliates to support National EFT and National Electronic EOBs.</p> <p>Please note that changes or termination to your EFT will result in termination of ERA.</p>	
<p>General Instructions</p>	<p>National ERA Enrollment is offered to offices enrolled in National EFT. National EFT enrolls your office in Direct Deposit across all Delta Dental member companies.</p> <p>Enrollment in National ERA allows you to obtain your claim detail for all Delta Dentals in the same format, same location (www.deltadental.com) and with the same username and password as www.deltadentalnj.com.</p>
<p>Contact Information</p>	<p>Delta Dental of New Jersey, Inc. Professional Services Department Phone 800-494-4137 Fax 973-285-4192 ddsrelations@deltadentalnj.com</p>
<p>Enrollment in EFT/ERA</p>	<p>Please allow up to thirty days (30) to complete EFT/ERA new and changes to enrollment.</p>

In consideration for the provision of direct deposit services, by signing, you will authorize Electronic Funds Transfer from Delta Dental of New Jersey, Inc., Delta Dental of Connecticut, Inc., other Delta Dental member companies and their affiliates to issue direct payments to the bank account on file and confirm will no longer receive paper EOBs from Delta Dental.

*To continue receiving paper EOBs from any Delta Dental Member Company, please notify your Dental Network Coordinator (below dependent on your office location) you wish to enroll in local EFT alone and not the national solution.

Your Provider Relations Team:

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