



Electronic Remittance Advice (ERA) Setup Form / Emdeon

Please complete the information below and send to Delta Dental of Minnesota

Fax: [877-283-1330] / Address: Attn: Professional Services PO Box 9304 Minneapolis, MN 55440-9304

Remittance Request for:☐ Delta Dental of MN☐ Delta Dental of NE

Note: By registering for ERA, you will no longer receive paper EOBs.

All fields are required

Provider / Practice Information**Name (of person requesting ERA)****Title****Provider/Practice Name****Address****City, State, Zip****Phone Number****e-mail****Contact Name****Tax ID****Authorization**

Signature

Date