





Optum Dental Provider Enrollment Form

Insurance Carrier: DENTAL SELECT - ERA Payer ID(s) CX093

\*Provider Name: \_\_\_\_\_  
(Complete legal name of institution, corporate entity, practice or individual provider)

Doing Business as Name (DBA): \_\_\_\_\_

Provider Address: \_\_\_\_\_  
\* (City) \* (State/Province) \* (ZIP Code/Postal Code) (Country Code)

\*Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): \_\_\_\_\_

\*National Provider Identifier (NPI): \_\_\_\_\_

\*Provider Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

\*Telephone Number: \_\_\_\_\_ Telephone Number Extension: \_\_\_\_\_

\*Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Provider Tax Identification Number (TIN)  National Provider Identifier (NPI)

Method of Retrieval: Clearinghouse

Clearinghouse Name: Optum Dental

Vendor Name: \_\_\_\_\_

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

\*Authorized Signature: \_\_\_\_\_  
(The signature of an individual authorized by the provider or its agent to initiate, modify or terminate enrollment. May be used with electronic and paper-based manual enrollment)

Printed Name of Person Submitting Enrollment: \_\_\_\_\_

Printed Title of Person Submitting Enrollment: \_\_\_\_\_

Submission Date: \_\_\_\_\_

Requested ERA Effective Date: \_\_\_\_\_

# Optum Instructions

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To enroll for EFT, Providers can access the EFT enrollment form at <https://enrollments.echohealthinc.com/>

When enrolling for ERA payers through ECHO, be aware that ECHO currently enrolls and routes ERA by Tax ID only.

If you are a provider that shares a Tax ID between multiple facilities and the ERA needs to be routed to different clearinghouses, then you must contact ECHO directly and request the specific NPI/Tax ID combination to be routed differently for your ERA files. Requests can be made by either emailing [edi@echohealthinc.com](mailto:edi@echohealthinc.com) or calling (440)835-3511.

If enrolling for EFT and they ask for clearinghouse information use the following: CLEARINGHOUSE  
NAME: EMDEON  
CONTACT: REGISTRATION TEAM  
PHONE: 800-527-8133  
EMAIL: [edienrollmentsupport@optum.com](mailto:edienrollmentsupport@optum.com)

If the provider is changing clearinghouses, please follow the link to the ERA form.

[ERA enrollment Form](#)

Please be sure to list Emdeon as the clearinghouse name.

The provider will need to print, sign, and return the form directly to ECHO.

The form can be returned directly to ECHO via the following link.

<https://edi.echohealthinc.com/new-ticket>

By adding the following submission date, I am confirming the submission of the form to Echo to change the clearinghouse from my previous clearinghouse to Optum.

Submission Date: