

HealthPlex

Attention Providers:

In order to start receiving your ERAs for HealthPlex through DentalXChange, you will need to follow the instructions below. DentalXChange will notify you once the enrollment process is complete.

Payer:	HealthPlex
Payer ID:	11271
For Enrollment Questions:	Contact the DentalXChange Enrollment Department at (800) 576-6412 ext. 461 or Enrollment@dentalxchange.com
Enrollment Application:	Electronic Remittance Advice (ERA) Authorization Agreement
Upload, Email or Fax Application to:	Include "Link ERA's to Office Ally" note in the email/fax Enrollment@dentalxchange.com Fax (800) 866-0006
Approval Process and Timeframes:	Payer estimates 2 business days for processing. DentalXChange will notify you once the enrollment process is completed.

To start receiving your ERAs from the payer through DentalXChange you will need to follow the instructions below. (* indicates required field)

* Payer Name	HealthPlex		
A. Provider Information			
* Provider Name			
* Provider Address			
Street:			
City:	State/Province:	Zip Code/Postal Code:	
Email Address:			
B. Provider Identifiers Information			
* Provider Identifier(s)			
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)			
National Provider Identifier (NPI)			
C. Electronic Remittance Advice Information			
* Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)			
<input type="checkbox"/> Provider Tax Identification Number (TIN)			
<input type="checkbox"/> National Provider Identifier (NPI)			
D. Submission Information			
* Reason for Submission			
<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change Enrollment	<input type="checkbox"/> Cancel Enrollment	
Authorized Signature			

Electronic or Printed Signature of Person Submitting Enrollment

Title of Person Submitting Enrollment