

United Concordia Plans

Attention Providers:

To start receiving ERAs from United Concordia through DentalXChange, you will need to follow the instructions below. DentalXChange will notify you once the enrollment process is complete.

<p>Payer Names and Payer IDs:</p>	<p>Florida Combined Life – 76031 United Concordia Encounters – 89070 United Concordia Dental Plus – PA Blue Shield – 89070 United Concordia Federal Employees Program – 54771 United Concordia Tricare Dental Plan – 89070 United Concordia Companies, Inc. – 89070</p>
<p>For Enrollment Questions:</p>	<p>Contact the DentalXChange Enrollment Department at (800) 576-6412 ext. 461 or Enrollment@dentalxchange.com</p>
<p>Enrollment Application:</p>	<p>Electronic Remittance Advice (ERA) Authorization Agreement</p>
<p>Email Application to:</p>	<p>Enrollment@dentalxchange.com Subject: Please create a ticket for United Concordia/ Provider Name/Office Ally</p>
<p>Approval Process and Timeframes:</p>	<p>Payer estimates 2-3 business days from the date of submission. DentalXChange will notify you once the enrollment process is complete.</p>

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

* Payer Name			
A. Provider Information			
* Provider Name			
* Provider Address			
Street			
City	State/Province	Zip Code/Postal Code	
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

Printed Name & Title of Person Submitting Enrollment