

Delta Dental of New Jersey, Inc. Electronic Funds Transfer/Direct Deposit Authorization Agreement – Instructions and Enrollment Form

Electronic Funds Transfer (EFT) allows Delta Dental of New Jersey, Delta Dental member companies and their affiliates to send payment directly to your bank account. Explanations of Benefits will continue to be sent to you via the United States Postal Service, unless you request to “Go Paperless” through your Benefits Connection account on our website (www.deltadentalnj.com).

EFT is applicable to all providers at the Business (Tax Identification Number)/ Service Office indicated on your application unless otherwise noted.

Please note that changes in your Tax Identification Number or Service Office address will terminate your EFT for that office; please complete a new EFT Authorization Agreement when modifying business information.

<p>General Instructions</p>	<p>EFT Enrollment is applied to all providers at the specified business service office. You can add one or more business service offices for the Tax Identification Number or Employee Identification Number entered.</p> <p>A copy of a voided check or a bank letter must be forwarded to the address, email or fax number below in order to complete your EFT enrollment.</p>
<p>Delta Dental of New Jersey contact information</p>	<p>Delta Dental of New Jersey, Inc. Professional Services Department PO Box 603 Parsippany, New Jersey 07054 Fax 973-285-4192 ddsrelations@deltadentalnj.com</p>
<p>Enrollment Confirmation</p>	<p>Delta Dental of New Jersey will confirm requests for new enrollments, changes in enrollment and enrollment cancellations in writing. Please allow up to thirty days (30) to complete EFT enrollment, modifications and/or banking changes.</p>
<p>Changes to EFT Enrollment</p>	<p>Complete the Authorization Agreement – Enrollment Form for all changes; you must indicate the reason for submission under Submission Information.</p>
<p>Late or missing EFT</p>	<p>If your EFT appears to be late or missing, please contact Delta Dental of New Jersey’s Professional Services Department at 973-285-4000 ddsrelations@deltadentalnj.com</p>
<p>Electronic Remittance Advice (ERA)</p>	<p>Contact your financial institution to arrange for the delivery of the CORE-related Minimum CCD+ Data Elements necessary for successful re-association of the EFT payment with the ERA remittance advice.</p>