

## **Deseret Mutual Benefit Administrators (DMBA)**

## Attention Providers:

To start sending your Deseret Mutual Benefit Administrators (DMBA) claims through DentalXChange you will need to follow the instructions below required by the payer.

Payer:	Deseret Mutual Benefit Administrators (DMBA)	
Payer ID:	DX214	
For Enrollment Questions:	Contact the DentalXChange Enrollment Department at (800) 576-6412 ext. 461 or <a href="mailto:Enrollment@dentalxchange.com">Enrollment@dentalxchange.com</a>	
Payer Enrollment Application:	Electronic Enrollment Form	
Email or Fax Application to:	Enrollment@dentalxchange.com Fax (800) 866-0006	
Approval Process and Timeframes:	Payer estimates 3-4 business days for processing. DentalXChange will notify you of approval.	

4/17/23



60 East South Temple • P.O. Box 45530 Salt Lake City, Utah 84145 Telephone 1-801-578-5600 • Toll free 1-800-777-3622 Fax 1-801-578-5903 • Web site: www.dmba.com

## Electronic Enrollment Form

This form must be completed and approved before sending electronic transactions to Deseret Mutual.

Trading	Partner Number: HT 006310-001			
Group/F	Provider Name:	T	TIN:	
Group N	lational Provider Identifier (NPI):			
Physical	l Address:	City:	State:	
Pay to A	Address:	City:	State:	
Contact	Name:			
Phone:		*Email:		
send the additional in a spreadsheet or table s		f the names of the providers do not all fit in the space below, please ately.  Provider NPI		
lease indi	cate the type of claims and electronic tra			
	Professional Claims (CMS 1500) Institutional Claims (UB04) Dental Claims (ADA 2006/J400)	Electronic Remittance Eligibility Inquiry (270/2	Advice (835) 271)	

\*Deseret Mutual will send email confirmation within 10 days to the address provided. If you don't receive confirmation, please call Provider Maintenance at 1-800-777-3622, press options 1, 3, and then 4, or email edienrollment@dmba.com