

PAYER ID:

SUBMITTER ID:



emdeon™

Emdeon ERA Provider Information Form

*This form is to ensure accuracy in updating the appropriate account

1 Provider Organization					
Practice/ Facility Name		Provider Name			
Tax ID		Client ID		Site ID	
Address		City/State		Zip Code	
Contact Name					
E-mail Address		Telephone		Fax	
2 Vendor <i>(Emdeon certified vendor used to submit files to Emdeon)</i>					
Vendor Name		Vendor Submitter ID		Division ID	
Contact Name					
E-mail Address					
3 Payer					
Payer ID					
Group ID	Individual Provider ID		NPI ID		
4 Confirmations					
Send Emdeon Claim Confirmations To:					
Special Instructions:					
<ul style="list-style-type: none"> All Payer Registration forms must contain signatures when applicable, stamped signatures or photocopies are accepted. SUBMIT COMPLETED FORM TO: Fax: (615) 231-4843 Email: batchenrollment@Emdeon.com 					
EMDEON REVISION FORM DATE:					

*****PRINT ON PROVIDER LETTERHEAD*****

First Priority Health and
First Priority Life Insurance Company
19 North Main Street
Wilkes-Barre, PA 18711

Dear EDI Department:

We authorize EMDEON to receive electronic remittance advice
(Clearing House or Other Entity Name)

files for _____
(Physician or Physician Group Name)

OR

Please send the remittance advice files for _____
(Physician or Physician Group Name)

through Navinet. We will assume responsibility to save our files and coordinate with our vendor to perform auto post functionality.

Our Federal Tax ID: _____

The physician group numbers to be included for *First Priority Health* are as follows:

Registered NPI Group Number: _____

The physician group numbers to be included for *First Priority Life Insurance Company* are as follows:

Registered NPI Group Number : _____

If you need any additional information, please contact: _____
(Name of Office Contact Person)

at: _____
(Area code and telephone number)

Respectfully submitted,

(Authorized Signature)

(Date)

(Printed name and title of authorized signer)

Fax to: 570-200-1700 OR Scan and e-mail to: ProviderERA@bcnepa.com