

PAYER ID:

SUBMITTER ID:



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 | | | | | |
| IF ENROLLING FOR EFT YOU MUST ALSO SUBMIT A VOIDED CHECK ALONG WITH THE ENROLLMENT FORM | | | | | |
| EMDEON REVISION FORM DATE: | | | | | |



Attachment III

Provider Authorization Form

Release of Electronic Remittance Advice (ERA) to a Third Party and/or Electronic Funds Transfer (EFT) Information

| Provider Information for ERA | | | |
|---|-------------------|--|------------|
| Provider name: | | | |
| Tax ID Number(s): | | | |
| NPI(s) (National Provider Identification): | | | |
| Physical address: | | | |
| City: | | State: | Zip: |
| Telephone: | | Fax: | |
| Primary contact name: | | | |
| Email Address: | | | |
| | | | |
| Third Party authorized to receive 835: EMDEON | | | |
| Address: 3055 LEBANON ROAD BLDG#3 SUITE 2000 | | | |
| City: NASHVILLE | | State: TN | Zip: 37214 |
| Telephone: 866-924-4634 | Fax: 615-231-4843 | payerregistration@emdeon.com Email: | |
| Billing service technical contact name: ENROLLMENT HELP DESK | | | |
| | | | |
| Bank name: | | Branch phone: | |
| Branch address: | | | |
| Administrative contact: | | Contact phone: | |
| American bankers association (ABA) number | | Account number | |
| Please attach a copy of a voided check for bank routing numbers and account information. Deposits slips may not contain bank routing numbers. | | | |
| | | | |
| Signature: | | Print name: | |
| Title: | | Date: | |

This form will certify that the Third Party named above is authorized to receive the provider electronic remittance advice (also known as the 835) for the provider listed.

Unless Blue Shield authorizes an extension, Blue Shield will discontinue hard-copy remittance advice forty-five (45) days from the date of the first ERA file transfer.

Electronic Fund Transfer (EFT) requestors must be established Electronic Remittance Advice (ERA) recipients with Blue Shield or agree to use online Explanation of Benefit (EOB) retrieval to qualify for EFT.

The provider is responsible to notify Blue Shield of California if there are any changes authorizing this Third Party to receive the electronic remittance advice or change in the account information for electronic funds transfer.