

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		Site ID			
Address		City/State		Zip Code	
Contact Name					
E-mail Address		Telephone		Fax	

2 Vendor *(Emdeon certified vendor used to submit files to Emdeon)*

Vendor Name		Receiver 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:	
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Special Instructions:

- All Payer Registration forms must contain signatures when applicable, stamped signatures or photocopies are accepted.
- SUBMIT COMPLETED FORM TO:
 - Fax: (615) 231-4843
 - E-mail: batchenrollment@Emdeon.com

ENROLLMENT FORM MUST BE PROCESSED BY EMDEON

If the group you are associated with is or has ever been approved to send claims to this payer then no additional EDI enrollment is necessary. If you have questions in regards to this please contact the payer for verification.

REVISED DATE:

ABCBS Electronic Remittance Advice Request Form (ERA/835)

Provider Information

Submitter Number of Provider/Group: _____

Submitter Number *picking up the remittance advice*: _____

E6137

Effective Date: _____

Provider Name: (Hospital, Clinic, or P.A. Group): _____

Group PTAN/Pay-to Provider Number: _____

Group/Pay-to NPI Number: _____

Address 1: _____

Address 2: _____

City/State/Zip: _____

Contact Person's Name: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Indicate Professional or Institutional For ERA (ANSI 835/ERA) Transaction:

Private Business (ABCBS) Professional

Private Business (ABCBS) Institutional

Only one submitter ID per provider number may be established for ERA. This means the submitter ID on this request will be the only recipient of ERA for the provider number(s) listed. All others will be discontinued.

Provider's Authorized signature

Title

Date

Authorized signature of the provider is one who is authorized to sign legal documents on behalf of the provider. Signatures from the billing service or clearinghouse are not accepted.

RETURN ADDRESS:

Medicare EDI Services EDI 4-BC/S

P.O. Box 2181

Little Rock, AR 72203-2181

FedEX or UPS: 601 S. Gaines St. Little Rock AR. 72201

Fax: (501) 378-2265

Service Line: (866) 582-3247 edi@arkbluecross.com