

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

IF ENROLLING FOR EFT
 YOU MUST ALSO SUBMIT A VOIDED CHECK ALONG WITH THE ENROLLMENT FORM

REVISED 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.

Fax to: Attention: eBusiness Data Exchange at (530) 351-6150

Mail to: eBusiness Data
Exchange
4700 Bechelli Lane
Redding, CA 96002