

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:					



835 Health Care Electronic Remittance Advice (ERA) Request Form

This form enables providers or other entities to request a HIPAA X12N 835 version 4010A1 electronic remittance advice transaction from Blue Cross and Blue Shield of Florida (BCBSF) through the Availity^{®1} Health Information Network. It may also be used to add/remove providers or update existing information.

Note: Providers must register their National Provider Identifier (NPI) with BCBSF prior to submitting this request form. The form is available on our website, www.bcbsfl.com, under the Physician & Providers section, Tools & Resources and then Forms.

Completion Instructions

Letter of Intent (LOI) - If your Tax Identification (ID) number is currently set up to receive 835 remittance files under a vendor² and you would like to change vendors, then an LOI is required. An LOI is a notification from the provider on office letterhead requesting a change. The name of the current vendor, name of the new vendor and the responsible party's signature must be included in the LOI.

Section A: Type of Request

- **Initial Request** – Check to receive an 835 Health Care ERA as a new receiver.
- **Provider Change** – Check to modify existing information, such as name, Tax ID or add/delete a provider.

Section B: Trading Partner Organization Information

Complete the trading partner organization information. All fields must be completed.

Section C: Provider/Facility Numbers

- **C1: Professional Association (PA) Group**
Complete this section if you are a professional group. Only list the group name, BCBSF group provider number, group Tax ID number and group NPI number.
- **C2: Professional Solo Practice**
Complete this section if you are a professional solo practice (individual provider, laboratory, DME supplier, etc.).
- **C3: Facility/Institution**
Complete this section if you are a facility/institution.

Section D: Availity Provider Access Delegation

Complete this section if you are a provider who contracts with a Business Associate authorized to access claims and eligibility data for your patients through the Availity Gateway.

Availity Information

All HIPAA X12N 835 version 4010 A1 Health Care ERA receivers must be registered with Availity prior to submitting this request form. To register with Availity, please call **(800) AVAILITY (282-4548)** or visit their website at www.availity.com.

¹Availity, L.L.C., is a multi-payer joint venture company. For more information or to register, visit Availity's website at www.availity.com.

²A vendor is defined as a billing service, clearinghouse or hardware/software support company who receives electronic remittances on behalf of BCBSF providers



**BlueCross BlueShield
of Florida**

An Independent Licensee of the
Blue Cross and Blue Shield Association

835 Health Care Electronic Remittance Advice (ERA) Request Form

Processing Timeframe: Upon receipt, this form will be processed within 2-3 business days. Once the setup is complete, the 835-remittance generation will be dependent on the next payment cycle that the specified provider's claims process on. Please ensure all information is complete and the Letter of Intent is attached, if necessary to avoid a return for additional information. (See completion instructions)

Note: If you do not access your 835 Electronic Remittance Advices for sixty (60) days, then your access will be removed and you will have to register again to be granted access.

Section A: Type of Request

Initial Request

Provider Change: Add Update Remove

Section B: Trading Partner Organization Information

(Example: Billing Provider, Billing Service, or Clearinghouse)

★ Required Fields

If unknown, contact (800) AVAILITY (282-4548)	
★ Availity Genkey: Also known as the Org ID	12317
★ BCBSF Sender ID: 5-digit ID starting with G or H, Example: GB102, H0051	H0351

★ **Organization/Sender Name:** EMDEON

Organization Address: 3055 LEBANON PIKE, STE 1000
NASHVILLE, TN 37214

★ **Contact Name (printed):** KARLA DENNIS

★ **Contact Signature:** *Karla Dennis*

★ **Email Address:** PAYERREGISTRATION@EMDEON.COM

Telephone Number: 866.924.4634

Fax Number: 615.231.4843

Section C1: Professional Association (PA) Group

Professional Association (PA) Group Name	BCBSF Group Provider Number	Group Federal Tax ID	Group National Provider Identifier (NPI)

Section C2: Professional Solo Practice

Professional Solo Practice Name	BCBSF Provider Number	Federal Tax ID	National Provider Identifier (NPI)

Section C3: Facility/Institution

Facility/Institution Name	BCBSF Provider Number	Federal Tax ID	National Provider Identifier (NPI)

If additional space is required, please copy this page.