

PAYER ID:

SUBMITTER ID:



## Emdeon ERA Provider Information Form

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

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



EDI Support toll free:  
(888) 883-2720

## Trading Partner 837 and 835 Enrollment Form

→ The Provider or Facility is: ←

- NEW Filing Electronically for the FIRST time EVER to BCBSGA
- ADDING Provider(s) to YOUR existing setup
- Changing Clearinghouse       Changing Billing Service
- Changing to file DIRECT       Changing Address
- Changing Tax ID       Adding 835 Remit

EFFECTIVE DATE: \_\_\_\_\_ (Required)

FAX completed forms to:

**(404) 682-3238**

- OR -

Mail completed forms to:  
Blue Cross/Blue Shield of Georgia  
EDI Services / G01407  
3350 Peachtree Road  
Atlanta, GA 30326

### SECTION # 1: LOCATION INFORMATION (Required)

Tax ID #: \_\_\_\_\_ Old Tax ID # (Use ONLY if changing Tax ID #): \_\_\_\_\_

Practice/Facility Name: \_\_\_\_\_

Physical Address \_\_\_\_\_ (NO P.O. Box or Billing address)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

### SECTION # 2: SUBMITTER INFORMATION (Required)

Choose only ONE of the following methods of submission →  Clearinghouse     Billing Service     Direct \*

Vendor Name: EMDEON      Contact: ENROLLMENT HELP DESK

Phone: 800-845-6592      Fax: 615-231-4843      Email: PAYERREGISTRATION@EMDEON.COM

\*Software Vendor Name if submitting DIRECT to BCBSGA: \_\_\_\_\_

### SECTION # 3: TRANSACTION REQUEST (Required)

- 837 Professional (Blue Shield)     837 Institutional (Blue Cross)     837 Medicare A (Institutional)
- 837 Dental       837 Encounter       835 ERA:     BCBS     MEDICARE

Additional enrollment form required for the 200 Series transactions listed below. Please contact 1-800-638-9677 to Enroll.  
270/271 Eligibility      276/277 Claim Status      278 Referral & Authorization Cert.

### SECTION #4: PROFESSIONAL PROVIDER ENROLLMENT

LIST PROVIDER NAMES	NPI NUMBER (Required)	SPECIALTY OR TAXONOMY CODE	EDI # (BCBSGA Only)

**NOTE:** IF YOU ARE LISTING MORE THAN 3 PROVIDERS, PLEASE USE SECOND PAGE TO LIST ADDITIONAL PROVIDERS.

### SECTION #5 : INSTITUTIONAL / FACILITY ENROLLMENT    Choose from the following:    BlueCross    Medicare Part A    Both

LIST FACILITY NAMES	MEDICARE A / OSCAR #	NPI NUMBER (Required)	TAXONOMY CODE (Required)	EDI # (BCBSGA Only)

#### Submitter Use Only

User ID	Submitter ID	Receive Date	Date of Completion / Fax
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#### Return Reason Codes

<b>Code 1</b> - Provider not found in BC System	Contact Provider Relations at 404-231-0428 to add location, then refax form
<b>Code 2</b> - Provider not found at this location in BC System	Contact Provider Relations at 404-231-0428 to add provider, then refax form
<b>Code 3</b> - Tax ID not found in BC System	Contact Provider Relations at 404-231-0428 to add Tax ID, then refax form
<b>Code 4</b> - Unable to hold Enrollment form till effective date	Refax Enrollment form within 24-48 hours of effective date.
<b>Code 5</b> - NPI not found in our BC System	Please register your 10 Digit NPI Number at <a href="http://www.bcbsga.com">www.bcbsga.com</a>

