

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 					
EMDEON REVISION FORM DATE:					

ELECTRONIC REMITTANCE ADVICE (RA) AGREEMENT

GROUP/BILLING NPI NUMBER: _____

GROUP/BILLING NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTACT: _____ **PHONE NUMBER:** _____

TRADING PARTNER ID: 300001083

VENDOR NAME: EMDEON

ADDRESS: 3055 LEBANON PIKE BLDG 3 SUITE 1000

CITY: NASHVILLE **STATE:** TN **ZIP:** 37214

VENDOR PHONE NUMBER: 866-924-4634

VENDOR CONTACT: PAYERREGISTRATION@EMDEON.COM

I (we) request to receive Remittance Advice (RA) information and authorize the information to be deposited in our electronic mailbox. I (we) accept financial responsibility for costs associated with receipt of Electronic RA information.

I (we) understand that paper-formatted RA information will continue to be sent to my (our) mailing address as maintained at EDS until I (we) submit an Electronic RA Certification Request Form.

I (we) will continue to maintain the confidentiality of records and other information relating to recipients in accordance with applicable state and federal laws, rules, and regulations.

Authorized Signature: _____ **Date:** _____

Title: _____ **Internet Address:** _____

Mail form to: EDS • Attn: EDI Department • P.O. Box 244035 • Montgomery, AL 36124

FAX form to: 334-215-4272 Attn: EDI Department

FOR EDS USE ONLY

BILLING MODE: _____ **RA MODE:** _____ **PROTOCOL:** _____

CONTACT DATE: _____ **SOFTWARE MAILED:** _____

TEST DATE: _____ **AGREEMENT DATE:** _____ **APPROVAL DATE:** _____

BEGIN DATE: _____ **END DATE:** _____

NOTES: _____
