

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 original signatures, no stamped signatures or photocopies are accepted. • SUBMIT COMPLETED FORM TO: Emdeon Donelson Corporate Ctr Bldg 3 3055 Lebanon Pike Ste 1000 NASHVILLE, TN 37214-2230 					
ORIGINAL SIGNATURE IN BLACK INK IS REQUIRED BY THE PAYER. NPI ID IS REQUIRED ON THE PAYER FORM					
EMDEON REVISION FORM DATE:					

ELECTRONIC EXPLANATION OF PAYMENT (EOP) AGREEMENT

GROUP/BILLING PROVIDER NUMBER: _____

GROUP/BILLING NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT: _____ PHONE NUMBER: _____

SUBMITTER ID: 300001083

VENDOR NAME: EMDEON

ADDRESS: 3055 LEBANON ROAD BLDG 3 SUITE 2000

CITY: NASHVILLE STATE: TN ZIP: 37214

VENDOR PHONE NUMBER: 800-845-6592

VENDOR CONTACT: ENROLLMENT HELP DESK

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

I (we) understand that paper-formatted EOP information will continue to be sent to my (our) mailing address as maintained at EDS until I (we) submit an Electronic EOP 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: ECS Department • P.O. Box 244035 • Montgomery, AL 36124

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

FOR EDS USE ONLY

BILLING MODE: _____ EOP MODE: _____ PROTOCOL: _____

CONTACT DATE: _____ SOFTWARE MAILED: _____

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

BEGIN DATE: _____ END DATE: _____

NOTES: _____
