

PAYER ID:

SUBMITTER ID:



emdeon™

## 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 original signatures, no stamped signatures or photocopies are accepted.</li> <li>• SUBMIT COMPLETED FORM TO:<br/> Emdeon<br/> Donelson Corporate Ctr Bldg 3<br/> 3055 Lebanon Pike Ste 1000<br/> NASHVILLE, TN 37214-2230</li> </ul> |                        |                     |        |             |  |
| EMDEON REVISION FORM DATE:  |                        |                     |        |             |  |

