

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 Billing Enrollment Form Instructions

To send medical claims to Deseret Mutual electronically, please complete this Electronic Billing Enrollment Form and return to Deseret Mutual by e-mail, mail, or fax.

Before you fill out the form, please note the following:

- The Utah Trading Partner Number is assigned by Deseret Mutual's Clearinghouse, Utah Health Information Network (UHIN), to identify providers. Deseret Mutual receives all medical electronic claim submissions through UHIN. To reach UHIN, visit their Web site at www.uhin.com, or call 801-466-7705.
- All enrollment forms must have a Utah Trading Partner Number listed for your Group, Individual Provider, or Clearinghouse.
- If you use a different clearinghouse for claim submission, you must get their Utah Trading Partner Number. You may need to give your clearinghouse Deseret Mutual's Trading Partner Number, HT000006-001, so they can identify us.
- If Deseret Mutual does not have your Utah Trading Partner Number on file, you must go through a period of claims submission testing to pass HIPAA edits. We'll contact you with more details if this is the case.
- Please include all group and individual National Provider Identifier (NPI) numbers for enrollment purposes. Any claims submitted without NPI numbers will be rejected. Your only notice of rejection will be a returned 277FE.
- When you sign up to receive 835 transmissions (Electronic Remittance Advice), you will also receive a paper Explanation of Payment (EOP). To send 835 transmissions, we need to have the provider's Tax ID number. Please note: we do not send 835s for paper or manually entered claims, but you would still receive a paper EOP.

If you have any questions about EDI enrollment, please contact Deseret Mutual at edienrollment@dmba.com or by calling our Provider Maintenance Team at 1-800-777-3622 press Options 1, 3, and then 4.

