

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:					

Fax/Mail Completed Form:

EDI Solutions  
VA1003-N170  
P.O. Box 27401  
Richmond, VA 23279

Fax (804) 354-2529  
Phone (800) 991-7259



# Electronic Remittance Advice (ERA) Electronic Funds Transfer (EFT) Request Form

Clearinghouse    Vendor    Billing Agency    Physician    Professional Provider    Facility

Device ID TNV035                      Clearinghouse EMDEON

Contact Name \_\_\_\_\_

Contact Number (    ) \_\_\_\_\_                      Fax (    ) \_\_\_\_\_

Email Address \_\_\_\_\_

Address: \_\_\_\_\_

Electronic Remittance Advice (ERA)                       Initial Enrollment  
 Blue Exchange Electronic Remittance                       Change Clearinghouse Old \_\_\_\_\_ New \_\_\_\_\_  
 Cancel

Electronic Funds Transfer (EFT)                       Initial Enrollment - **Voided Check Stub Required**  
 Change Banking Information - **Voided Check Stub Required**  
 Cancel

*All fields are required*

Tax ID	* Group NPI	*Anthem- Assigned Group Number	Provider Name	E R A	E F T

*\* Please provide all NPI / Anthem-assigned group provider numbers (shown on the top right of the weekly remittance) associated with the*

I authorize this information is valid and accurate for the purposes of receiving electronic funds and/or electronic remittance between Anthem and stated entity (s).

Form Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

<i>Internal Use Only:</i>	
Received:	_____
CPMF:	_____
Processed:	_____
Other:	_____