

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: | | | | | |

Anthem EDI Registration Form - 835

Please complete the Anthem EDI Registration Form so that we may complete the necessary steps to send your electronic remittance to you. Return the completed form via mail or fax to:

Anthem Blue Cross and Blue Shield
EDI Business 4W020
2 Gannett Drive
South Portland, ME 04106

Fax: (207) 822-7333

Keep a copy of your completed Registration Form and download the 835 Companion Document found at <http://www.anthem.com>, under the 'HIPAA Companion Guide' link.

Instructions for Completing the Anthem EDI Registration Form - 835

Logon/Receiver ID

Identify your Receiver ID to be used when receiving remittances electronically from Anthem Blue Cross and Blue Shield.

1. Status

- Check the box labeled 'No Testing' if you will be receiving the 835 transaction in production status, or
- Check the box labeled 'Testing' if you will be receiving the 835 transaction in testing status. Also provide us with the anticipated date in which you will begin testing with us.

2. State

Indicate the state from where you are directly submitting claims electronically or from where your claims are generated by a clearinghouse or software vendor.

3. Type of Claim(s)

Indicate the type of claim files, or line(s) of business that you handle and request an 835 transaction to include from us.

4. Trading Partner Information

Name the entity or the electronic receiver (i.e. clearinghouse, provider, physician/practice, hospital) to whom we will send the 835 Electronic Remittance Advice. Also provide us with contact information for HIPAA testing.

5. Remittance Information

Provide your group/facility, federal tax identification numbers, and NPI. You must attach a copy of the top portion of your paper remittance to this registration form for each line of business requested. This will ensure the accuracy of the group/facility number for receipt of the 835 Electronic Remittance Advice. Please notify us if a change in provider status occurs.

6. Provider Confirmation

Verify the information provided on the registration form. This confirms if you will directly receive the 835 transaction or have another entity receiving the 835 transaction on your behalf.

Anthem Blue Cross and Blue Shield - Northeast EDI Registration Form
835 Electronic Remittance Advice

RETURN COMPLETED FORM TO:
Anthem Blue Cross and Blue Shield
EDI Business 4W020
2 Gannett Drive
South Portland, ME 04106
Fax: (207) 822-7333
Phone: (800) 334-8262

Please Check One Type of Request

Initial 835 Set Up -
Receiver ID to be
same as 837
Submitter ID
AE02006C
Important - fill in submitter ID

Initial 835 Set Up -
Receiver ID to be
different from 837
Submitter ID
AE02006C
Important - fill in submitter ID

Maintenance - add/
delete/change 835
profile for Receiver ID
AE02006C
Important - fill in receiver ID

1. Production/Testing Status Indicator 'P' 'T'
2. Trading Partner Information

Note: all 835 information available is production data. Select the status indicator appearing in ISA15 of the 835 file for your system compatibility

Name of Entity Receiving the 835 EMDEON

Address (including Suite #) 26 Century Blvd., 5th Colonnade, Ste. 601

Town/City NASHVILLE State TN Zip Code 37214

Contact Name ENROLLMENT HELP DESK Phone 800-845-6592

E-Mail Address PAYERREGISTRATION@EMDEON.COM Fax 615-231-4843

3. The following is **required** to receive an 835 Payment / Remittance Advice:

- Name of Provider or Organization
- Anthem assigned Provider ID Number/Payee ID (identified on paper remittance)
- Provider Tax ID Number associated with Provider ID Number
- NPI associated with Provider ID Number (*does not apply to exempt providers)
- **Copy of top portion of paper remittance**

NOTE: Depending on the payment arrangement between the provider(s) and Anthem, claim payments are made based on the Payee ID assigned to the individual provider and/or group. In cases where multiple providers are paid under the same Payee ID or group pay-to number, activation of the number will generate 835s for all providers linked under this hierarchy.

Since the payee ID/Tax ID can only be associated with one Anthem Receiver ID, changes to your provider ID number or tax ID number may affect the distribution of your 835s. **If you have any changes in provider status, or need to activate or deactivate additional providers for receiving the 835, notify the EDI Help Desk by completing this form as a maintenance request.**

| Type of Request | | | *PLEASE PRINT LEGIBLY | | | | Line of Business | | | | State | | | |
|-----------------|----------|----------|--------------------------------|--------|-----|-------------------|------------------|-------------|----------------------|---------------------------|-------------------|-------------|-------|---------------|
| Initial Set Up | Addition | Deletion | Name of Provider/ Organization | Tax ID | NPI | Provider/Payee ID | Blue Cross | Blue Shield | BlueCare Family Plan | Federal Employees Program | National Accounts | Connecticut | Maine | New Hampshire |
| | | | | | | | | X | | | | X | | |
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