

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:					

Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form

Availity supports the exchange of electronic remittances for various payers in the ASC X12 835, version 4010A1 format.

The enrollment process establishes an electronic mailbox where we will place the electronic remittance file(s) received from payer(s). The Provider Tax ID is a requirement to establish an ERA Receiver mailbox and will also be used to parse remittance transactions from the various payers. The assigned electronic ERA Receiver ID and password will be returned via fax to the contact and fax number provided on the enrollment form.

Note: If you are a Billing Service or Clearinghouse wishing to receive the ERA on behalf of the provider, each provider must complete the enrollment documents authorizing you to retrieve their remittance files or a copy of your power of attorney must be submitted with the enrollment form.

Once in production, a letter will be required on the provider's letterhead if a change is requested. If you have any questions regarding the enrollment process you may contact the EDI Helpline at 877.334.8446.

Electronic Remittance Advice (ERA) Enrollment

Change or Add a New ERA Account (Select one)	
CHANGE to ERA Receiver ID:	
Add New Payer to ERA Account	
Change ERA Account Information	
Delete ERA Account	
ADD New ERA Receiver ID	
Create New ERA Account	

Indicate who will receive the file:	Provider	Billing Service	Clearinghouse
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Availity User ID (Required)	E58597		
Receiver Name	EMDEON		
Receiver Address	26 Century Blvd Ste 601		
City	Nashville	State	TN Zip 37214
Contact Name	ENROLLMENT HELP DESK	Tel.	800-845-6592
Email Address	payerregistration@emdeon.com	Fax	615-231-4843
Vendor Name/ID (if applicable)	E58597		

Payer Name	Payer ID (see Payer List)	Provider Tax ID	BCBS Provider #	National Provider ID (NPI)	Regence Legacy ID
TEXAS BC	12B31				

Provider Name (print)		
Provider Address		
City	State	Zip
Provider Signature	Date	

Please return this form to: **Availity**
PO Box 833905
Richardson, TX 75098-3905

Or fax to: **972.383.6450**