

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><b>SUBMIT COMPLETED FORM TO:</b>            Fax: (615) 231-4843            Email: <a href="mailto:batchenrollment@Emdeon.com">batchenrollment@Emdeon.com</a></li> </ul>					
Check the box you need and add Emdeon submitter id of 345592162 Please be sure to have SKTX0 setup for ERA with Emdeon As Payer Returns ERA'S with Payer ID SKTX0					
EMDEON REVISION FORM DATE:					



# ER&S Agreement — Submission Instructions

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***Before faxing or mailing this agreement, ensure that all required information is completely filled out, and that the agreement is signed.***

***Incomplete agreements cannot be processed.***

Mail to: Texas Medicaid & Healthcare Partnership  
Attention: EDI Help Desk MC-B14  
PO Box 204270  
Austin, TX 78720-4270

Fax to: (512) 514-4228  
OR  
(512) 514-4230

Effective Date\_07302007/Revised Date\_06012007

