

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>					
EMDEON REVISION FORM DATE:					

# Electronic Remittance and Status (ER&S) Agreement

**Before your ER&S Agreement\* can be processed, you MUST choose ONE of the following:**

\* These changes affect ONLY the ELECTRONIC version of the Remittance & Status Report. To make changes to the PAPER version of the R&S report, contact TMHP Provider Enrollment.

- Set up INITIALLY** (first time).      Use Production User ID\*: 345592162      (9 digits)
- CHANGE** Production User ID      FROM: \_\_\_\_\_ (9 digits)
- TO: 345592162      (9 digits)
- REMOVE** Production ID      Remove: 345592162      (9 digits)

\*\* The **TMHP Production User ID** (Submitter ID) is the electronic mailbox ID used for downloading your Electronic Remittance & Status (ER&S) reports. For assistance with identifying and using your Production User ID and password, contact your software vendor or clearinghouse.

**This information MUST be completed before your request can be processed.**

Provider Name (must match TPI number)	<b>BILLING</b> TPI Number	Provider Tax ID Number
Provider's Physical Address	Provider Phone Number	
Provider Contact Name (if other than provider)	Provider Contact Title	Contact Phone Number

**Do not complete this block UNLESS the ER&S will be downloaded by anyone OTHER than the provider.**

EMDEON	800-845-6592
Name of Business Organization to Receive ER&S	Business Organization Phone Number
ENROLLMENT HELPDESK	800-845-6592
Business Organization Contact Name	Business Organization Contact Phone No.
26 CENTURY BLVD STE 601 NASHVILLE TN 37214	345592162
Business Organization Address	Business Organization Tax ID

**Check each box after reading and understanding the following statements.**

*If you are unsure about anything that is stated below, contact the TMHP EDI Help Desk at (888) 863-3638. All three statements must be checked before we can process your Electronic Remittance & Status Agreement.*

- I (we) request to receive Electronic Remittance and Status information and authorize the information to be deposited in the electronic mailbox as indicated above. I (we) accept financial responsibility for costs associated with receipt of Electronic R&S information.
- I (we) understand that paper-formatted R&S information will continue to be sent to my (our) accounting address as maintained at TMHP until I (we) submit an Electronic R&S Certification Request form.
- I (we) will continue to maintain the confidentiality of records and other information relating to recipients in accordance with applicable state and federal laws, rules, and regulations.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email Address (if applicable)

**DO NOT WRITE IN THIS AREA — For Office Use**

Input By: \_\_\_\_\_ Input Date: \_\_\_\_\_ Mailbox ID: \_\_\_\_\_



# ER&S Agreement — Submission Instructions

---

***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