

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:					



**Wisconsin Physicians Service (WPS) Authorization Form for Electronic Remittance Advice Processing (ERA)**

This form is intended to establish Electronic Remittance Advice (ERA) enrollment. The implementation process cannot begin until this questionnaire is completed. **If the form is received as not legible or not completed correctly, it will be returned to the provider for correction.** If you are a direct submitter, you must be assigned a submitter ID in order to receive the ERA. If you have not registered for a submitter ID, please access the WPS Trading Partner System (WTPS) at the following website: <https://corp-ws.wpsic.com/apps/wtps-web/unauth/wtps.do>. If you are not a direct submitter, the clearinghouse/third-party company/billing service submitter number should be used. Please return this form to the EDI Department, for the applicable line of business, as listed at the bottom of this form.  
**\*\*\*This request could take up to fourteen business days to complete.\*\*\***

**Part A providers need to select if this request is for a new submitter or if they want to add providers to their current submitter.**

New Submitter: [ ]                      Add Providers: [ ]

**Check all lines of business that apply:**

Part A J5     Part B J5 [ ]    Part B Legacy [ ]    Part A Legacy [ ]

**Please identify the company that will be retrieving the Electronic Remittance Advices ERA) in this section:**

Provider/Physician: [ ]    Corporate Office: [ ]    Third Party Company/Clearinghouse:

Provider Name: \_\_\_\_\_

Provider Street Address: \_\_\_\_\_  
(If the provider will be retrieving the ERAs, then they need to include the address that the services are rendered)

Provider City/ State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
(Printed Name)

Contact Phone #: \_\_\_\_\_ Contact Fax #: \_\_\_\_\_  
(Please incl. ext #)

Contact Email Address: \_\_\_\_\_

WPS Submitter ID: 16521

***(Please use only the WPS issued submitter ID that will be retrieving the ERAs)***

**Provider Identification Numbers:**

Multiple providers may be listed on this form if they are at the same location. To retrieve ERA for additional providers at different locations, please complete a separate authorization form for each additional provider number.

Provider Name	Provider Number	NPI Number

I, \_\_\_\_\_ of \_\_\_\_\_ would like to  
(Provider Contact Signature) (Provider Name)

receive ERAs effective, \_\_\_\_\_. **(All providers MUST include an effective date for this request)**  
(Date)

By checking this box, you are authorizing a Third Party Company/Clearinghouse to Retrieve ERA files on your behalf.

**Please supply the complete name and address of the Third Party Company/Clearinghouse.**

Name: EMDEON Address: 3055 LEBANON PIKE STE 1000  
 City: NASHVILLE State: TN Zip: 37214 Fax #: 615.231.4843  
 Contact: ENROLLMENT HELP DESK Contact Phone #: 866.924.4634  
(Printed Name) (Please include extension #)

Contact Email Address: payerregistration@emdeon.com

**Translation Software:** If you are a direct submitter, you will need translation and printing software in order to view and print the Electronic Remittance Advice. MREP software, for part B providers, and PCPrint software for part A providers, is available to download from our website at the following addresses:

**MREP:** [http://www.wpsmedicare.com/part\\_b/business/mrep.shtml](http://www.wpsmedicare.com/part_b/business/mrep.shtml)

**PCPrint:** [http://www.wpsmedicare.com/part\\_a/business/pc\\_print.shtml](http://www.wpsmedicare.com/part_a/business/pc_print.shtml)

**Please mail or fax this completed agreement to:**

Medicare Part B Legacy: IL, MI, WI, MN	Medicare Part A & B J5: IA, NE, KS, MO	Medicare Part A Legacy: (multiple states)
WPS Electronic Data Services	WPS	WPS
912 N. Pentecost Rd.	Attention: EDI	Attention: EDI
PO Box 5511 Marion, IL 62959	1717 W. Broadway Madison, WI 53713	P.O. Box 1602 Omaha, NE 68101
Phone # (877) 567-7261	Phone # (866) 503-9670	Phone # (866) 734-6656
Fax : (618) 998-5170	Fax : (608) 223-3824	Fax: (402) 351-6188