

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:					



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

This form is intended to establish a new Electronic Remittance Advice (ERA) enrollment or to add providers to an existing submitter ID for ERA. The implementation process cannot begin until this questionnaire is completed. 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) via, <https://corp-ws.wpsic.com/apps/wtps-web/unauth/wtps.do>. The ERA is only available in version 4010A1. Please return this form to the EDI Department, for the applicable line of business, as listed at the bottom of this form.

Please select if this request is for new enrollment or to add provider numbers to your current submitter ID:

New Enrollment: [] Add Providers: []

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

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

Company Name: _____

Company Street Address: _____

Company City/ State/ Zip: _____

Contact Person: _____
(Printed Name) (Signature)

Contact Phone # and Extension #: _____ Contact Fax #: _____

Contact Email Address: _____

WPS Submitter ID: 13245

Check all lines of business that apply: Part A J5 [X] Part B J5 [] Part B Legacy []

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

Provider Use Only:

Please sign below if your **facility** will be retrieving the Electronic Remittance Advice (ERA).

I, _____ of _____ would like to
(Facility Contact Signature) (Facility Name)
receive ERAs effective, _____.
(Date)

Corporate Office/Third Party Company/Clearinghouse Use Only:

Please supply the complete provider address.

Provider Address: _____

Facility Contact: _____ Phone Number: _____
(Printed Name) (Please include extension #)

This section needs to be signed by an authorized facility representative if a third party company or clearinghouse will be retrieving the ERA.

I, _____ of _____ authorize EMDEON
(Facility Contact Signature) (Facility Name) (3rd Party/Clearinghouse Name)
to receive ERAs on our behalf, effective _____.
(Date)

Translation Software: 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
PCPrint: 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	Medicare Part B: MN	Medicare Part A & B J5: IA, NE, KS, MO
WPS Electronic Data Services	WPS Medicare Part B – MN	WPS
912 N. Pentecost Rd.	Attention: EDI Minnesota	Attention: EDI
PO Box 5511 Marion, IL 62959	8120 Penn Ave. S Bloomington, MN 55431	1717 W. Broadway Madison, WI 53713
Phone # (877) 567-7261	Phone # (952) 885-2811 (952) 885-2881	Phone # (866) 503-9670
Fax : (618) 998-5170	Fax: (952) 885-2899	Fax: (608) 223-3824