

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:					

EDI Services Part A Enrollment Update Application



Instructions: This is for existing submitters and providers enrolled in EDI, only. It is very important that you answer each question accurately including only requesting services and products that you truly need to conduct business with Cahaba GBA EDI Services. Fax completed form(s) to the fax number below.

I submit Medicare Part A claims to Cahaba GBA's office in:

- Des Moines, Iowa – Fax form to (205) 733-7202
For EDI support call (866) 839-2441

I am a:

- Medicare Part A Provider Vendor/Clearinghouse/Billing Service

- o If you are updating your facility's contact information only, complete sections I and V.*
- o If you are reporting a change in vendor, clearinghouse or billing service complete sections I, II and V.*
- o If you are making changes to your method of connectivity, complete sections I, IV and V.*
- o If you are making changes to your remittance advice, complete sections I, III and V.*

I. FACILITY INFORMATION or VENDOR/CLEARINGHOUSE/BILLING SERVICE INFORMATION

section I.1 required for all requests

Any information that we have on file will be updated with what you provide below.

1. List your Cahaba GBA Submitter ID number _____

Facility Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Telephone: (_____) _____ Fax: (_____) _____

E-Mail: _____

Please be sure that you are signed up for EDI News from our list serv at www.cahabagba.com

2. List any changes to your Medicare Provider Number(s):

Additions: _____

Deletions: _____

List unchanged Provider number(s): _____

If you need more space, please attach on a separate sheet of paper

List your National Provider Identifier (NPI): _____

II. DATA INTERCHANGE INFORMATION - CLAIMS

1. How do you currently submit your claims to Cahaba GBA?

- I transmit batched claim files to Cahaba GBA directly
 I use a clearinghouse or billing service that transmits my batched claim files.
 I key my claims online using Direct Data Entry (DDE).

2. If you will be using software from a vendor, please complete the following:

Is this information being updated? Yes No

Vendor Name: _____

Software name and version: _____

Address: _____

City: _____ State: _____ Zip: _____

Vendor Contact: _____ Contact Telephone: (_____) _____

3. If you will not be using a vendor's software product, will you be using PC-Ace Pro32 Medicare freeware? Yes No

Please Note: If you are using a billing service or clearinghouse to conduct any Medicare business on your behalf, you must have an agreement signed by the third party, in which the third party has agreed to meet the same Medicare security and privacy requirements that apply to the provider in regard to viewing or use of Medicare beneficiary data. It is not required to submit such an agreement to Cahaba GBA, but the provider is required to retain the agreement.

4. If you will be using a billing service or a clearinghouse to submit your claims on your behalf, please complete the following:

Is this information being updated? Yes No Date Change(s) to take effect: _____

Former Billing Service/Clearinghouse Name: _____

New Billing Service/Clearinghouse Name: EMDEON

Address: 3055 Lebanon Pike, Suite 1000

City: NASHVILLE State: TN Zip 37214-2230

Contact Name: Enrollment Help Desk Contact Telephone: (866) 924.4634

If this entity currently submits claims to Cahaba GBA, please provide their submitter ID number: TN000510

5. What services will this vendor perform on your behalf with Cahaba GBA? (check all that apply)

- Submitting claims electronically via batch claim file.
- Submitting claims electronically via Direct Data Entry.
- Retrieving my Electronic Remittance Advice statements.
- Correcting claims online in FISS.
- Verifying patient eligibility.
- Verifying claim status.

6. If you are making changes to your access to the FISS claim processing system for the purpose of online access to eligibility, claims status or correction of claims (DDE), please complete the following:

Do you have DDE access you need to terminate? Yes No

If you answered "Yes" you will need to also submit a System Access Change Request with this Change Enrollment form.

Do you need DDE access that you do not currently have? Yes No

If you answered "Yes" you will need to also submit a System Access Request with this Change Enrollment form.

III. DATA INTERCHANGE INFORMATION – REMITTANCE ADVICE

1. If you are a Medicare provider; needing to make changes to the way you receive your remittance advice statements, please complete the following:

Do you currently receive your remittance advice electronically? Yes No

If you answered "No", do you want to begin receiving your remittance advice electronically? Yes

If you answered "Yes", please provide the submitter ID number that you want to receive your ERA file:
TN000510

If this submitter ID is assigned to a 3rd Party, you must also complete section II.4 and 5.

Please note: ERAs can only be received by one submitter ID for a given provider number.

2. Will you be using PCPrint Medicare freeware to view and print your ERAs? Yes No

IV. CONNECTIVITY INFORMATION

1. How do you currently connect to Cahaba GBA?

- I use a dial-up connection with my PC.
- I have a frame relay connection with Cahaba GBA.
- I use a connectivity vendor (such as Visionshare or IVANS).

2. How will you be connecting to Cahaba GBA?

- I will use a dial-up connection with my PC.
- I would like to establish a frame relay connection with Cahaba GBA.
- I will be using a connectivity vendor (such as Visionshare or IVANS)

If you checked the last box, please complete the following:

Connectivity Vendor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Telephone: (____) _____

V. AUTHORIZED SIGNATURE

I am authorized to sign this document on behalf of the indicated party and to request the changes indicated in this document. *Changes will not be made without an authorized signature.*

Printed Name: _____

Official Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Date change(s) to take effect. (must match date in II.4) _____