

PAYER ID:

SUBMITTER ID:



emdeon™

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:					



835 ELECTRONIC REMITTANCE ADVICE TRANSMISSION REQUEST

Complete this form to request electronic remittance advices via the HIPAA-compliant 835 transaction set. Once the completed request is received, HIP will provide the contact listed below with instructions on how to access the 835 transaction files.

Please fax back this completed form to **1-646-447-3185**.

If you have questions, please call the Provider Relations Service Team at **1-866-447-9717, option 5**.

RECEIVER'S INFORMATION:

Contact Name

Facility/Doctor/Group/Vendor Name

Tax/Employer Identification Number

Address (Street)

City State Zip

Contact Phone Number

Contact E-mail Address

RECEIVER'S REQUEST:

By signing this form, you request that electronic remittance advices (835 transaction set) be provided for the tax/employer identification number listed above.

HIP offers the ability to receive BOTH paper and electronic remittance advices for a transitional period, during which time the receiver must validate that the 835 transaction set is being received and processed properly. A valid signature is required from the receiver in order to discontinue receipt of paper remittance advices.

Please select one of the following options:

- Provide PAPER and ELECTRONIC remittance advices.
- Provide ELECTRONIC remittance advices ONLY.
- Provide PAPER remittances advices ONLY.

Authorized Signature: _____

Print Name/Title: _____ Date: _____

PLEASE NOTE: All electronic remittance advices will be transmitted by HIP via Emdeon Business Services. Anyone requesting receipt of electronic remittance advices should ensure that their software vendor/clearinghouse can receive and process these files from Emdeon Business Services.

For internal use only.		
Date Profile Updated: ____ / ____ / ____	Date Notified: ____ / ____ / ____	Analyst: _____