

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 Enrollment Form Instructions Application for Electronic Remits (835) Enrollment

Section 1

Request Type:

Indicate whether request is for a new enrollment or to add a provider number to an existing trading partner number.

Section 2

Trading Partner Information:

- Trading Partner Number - enter if you are an existing trading partner
- Organization Name - print name of the organization submitting files or trading partner
- Mailing Address - print the address of the organization
- City, State, Zip - print the city, state and zip code of the organization
- Contact Name(s) - print the contact name(s) for the organization
(information will only be released to names on file)
- Telephone # - print telephone number of organization
- Fax # - print fax number of organization
- E-mail Address - print e-mail address of contact at the organization

Section 3

Type of Organization (new trading partner enrollments only):

Please indicate if you are a clearinghouse or billing service. Leave blank if neither description fits the organization.

Section 4

Vendor Information (new trading partner enrollments only):

- Software Company Name - print name of software company that supports your practice management software
- Mailing Address - print address of software company
- City, State, Zip - print city, state and zip code of software company
- Contact Name(s) - print contact name(s) for the software company
- Telephone # - print telephone number of software company
- Fax # - print fax number of software company
- E-mail Address - print e-mail address for software company

Section 5

Communication Type (new trading partner enrollments only):

Indicate whether you will be using Internet file transfer, a network service vendor, or FTP file transfer. If using FTP, please indicate the compression and transfer type.

Section 6

Billing Provider Numbers:

Enter all billing provider numbers you will be requesting remits under.

***** As of 12/1/07 – Requests to add provider numbers must include a valid NPI. Forms received without the NPI will be returned.**

Blue Cross and Blue Shield of Kansas – 6-digit group number

Blue Cross and Blue Shield of Kansas City – 8-digit group number

HealthNow New York, Blue Cross and Blue Shield Western New York, Blue Shield Northeastern New York – Submit 12 digit payee numbers only.

NPI – 10 digit billing number

Section 7

Provider Information (only if different than trading partner information)

- Provider/Organization - print name of provider/organization
- Address - print address of provider/organization
- City, State, Zip Code - print city, state and zip code of provider/organization
- Attention/Contact Name - print attention or contact name (optional)
- Telephone # - print telephone number
- Fax # - print fax number
- E-mail Address - print e-mail address (optional)

Section 8

Signatures:

A signature is required from the provider or an authorized provider representative. By signing this agreement it is understood that any previous 835 enrollment for the indicted provider number(s) will be overridden.

Completed EDI enrollment forms may be sent to:

ASK, Inc.

P.O. Box 3500

Topeka, KS. 66601-3500

Fax number: 785-290-0720

*****All pages of EDI enrollment form must be returned*****

**EDI Enrollment Form
ANSI 835
Payment/Advice (004010X091A1)**

Section 1: Request Type:

- New enrollment (request for a new trading partner number)
 Existing trading partner adding additional provider numbers

Section 2: Trading Partner Information:

Trading Partner Number: (for existing trading partner) _____ 0000313 _____

Organization Name: (legal name) _____ EMDEON _____

Mailing Address: _____ 26 CENTURY BLVD STE 601 5TH COLONNADE _____

City: _____ NASHVILLE _____

State: _____ TN _____ **Zip:** _____ 37214 _____

Contact Name(s): _____ ENROLLMENT HELP DESK _____

Telephone #: _____ 800-845-6592 _____

Fax #: _____ 615-231-4843 _____

E-mail Address: _____ PAYERREGISTRATION@EMDEON.COM _____

Section 3: Type of Organization (new trading partner enrollment only):

- Clearinghouse
 Billing Service
(Leave blank if neither description fits the organization)

Section 4: Vendor Information (new trading partner enrollment only):

Software Company Name: _____

Mailing Address: _____

City: _____

State: _____ **Zip:** _____

Contact Name: _____

Telephone #: () _____

Fax #: () _____

E-mail Address: _____

Section 5: Communication Type (New Trading Partner enrollment only):

<input type="checkbox"/> Internet <input type="checkbox"/> Network Service Vendor (i.e.: IVANS or Vision Share) <input type="checkbox"/> FTP - choose compression type and transfer type if using FTP <p>Compression Type</p> <input type="checkbox"/> Encryption <input type="checkbox"/> PKZip <input type="checkbox"/> UnixComp <input type="checkbox"/> UnixTar <input type="checkbox"/> UnixZip <input type="checkbox"/> None	<p>Transfer Type:</p> <input type="checkbox"/> ASCII <input type="checkbox"/> Binary <input type="checkbox"/> None
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Section 6: Billing Provider Numbers:

*****As of 12/1/07 – Requests to add provider numbers must include a valid NPI. Forms received without the NPI will be returned.**

<u>Payer</u>	<u>Payer Provider Number(s)</u>	<u>NPI</u>	<u>Provider Name</u>
Blue Shield and Blue Cross of Kansas			
Blue Shield and Blue Cross of Kansas City			
HealthNow NY			
BCBSWNY			
BSNENY			

Note: Payer provider numbers and NPI can only be loaded under one trading partner number for the 835 (electronic remittance).

Setup will be completed within 3-5 business days of receipt.

- If interested in submitting 837(claims) complete EDI Enrollment Form for 837, or the EDI change form, if you are an existing trading partner.
- NPI must be reported to payers before completing EDI enrollment.

Section 7: Provider Information:

Provider will be notified of 835 enrollment(s). Please submit provider information below if different than trading partner information:

* = Required

Provider/Organization: _____ *

Address: _____ *

City, State, Zip: _____ *

Attention/Contact Name: _____

Telephone #: _____ Fax#: _____ *

E-mail Address: _____

Section 8:

Signatures A signature is required from either the provider or an authorized provider representative. Only one billing provider may be enrolled per form.

****Signing this agreement will override any previous 835 enrollments for the indicated provider numbers.**

Provider or Providers Representative:

(Sign) **(Date)**

(Print Name) **(Print Title)**

General Information

Please provide in writing to ASK any future changes to the information contained in this EDI setup form within 5 business days of the change.

ASK will make every attempt to give 60 days notice of any material changes to the EDI system that may effect trading partner data transmissions. Updates to any system changes will be made through e-mail list notification on the ASK Web site. Trading partners are responsible for signing up for the e-mail list notifications.

In an effort to keep our records up to date, provider numbers with no activity for at least six months will be removed from a trading partner number. Once removed from a trading partner number, the EDI enrollment form will need to be completed to re-add this number.

Kansas law applies to this business relationship.

Completed forms can be sent to:
ASK, Inc.
P.O. Box 3500
Topeka, KS 66601-3500
Fax number: 785-290-0720

*****All pages must be returned*****