

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:					



## 835 Remittance - Electronic Explanation of Claim Payment Provider Enrollment Form

<b>SECTION I: Provider Information</b>	
Practice/ Facility Name:	NPI Type II: <b>(required)</b>
Primary Physical Address:	
Contact Person:	
Practice/Facility Contact Person e-mail address: <b>(required)</b>	
Practice/Facility Telephone #:	Practice/Facility Tax ID#: <b>(required)</b>

<b>SECTION II: Type of Transaction requested</b> (select only one and fill out the corresponding information)
<input type="checkbox"/> <b>Direct</b> Complete only section A.
<input type="checkbox"/> <b>Clearinghouse</b> Complete only section B.

<b>Section A. Direct Transaction</b>	
<p>For a direct transaction all the following must be reviewed and answered:</p> <p>1. What client FTP access protocol will you be using? [We support HTTPS (any web browser), FTPS (FTP + SSL) and SFTP (SSH access)].</p> <p>2. _____ What client FTP software will you be using?</p> <p>3. _____ We will PGP encrypt all outgoing files. Will you be able to provide your PGP public key (we will request this in via email at a future time)? <input type="checkbox"/> Yes or <input type="checkbox"/> No</p>	<p>Please provide:</p> <p>Technical contact name: _____</p> <p>Email address: _____</p> <p>Phone number: _____</p> <p>If you are unable to provide all the information requested in this section a direct transmission may not be your best option.</p>

<b>Section B. Clearinghouse Information</b>	
<p>Choose one of the following clearinghouses:</p> <p><input type="checkbox"/> <b>P N C Bank</b> (preferred)</p> <p><input type="checkbox"/> <b>Siemens</b></p> <p><input type="checkbox"/> <b>CPSI</b></p> <p><input type="checkbox"/> <b>Emdeon</b></p> <p>Please note that we will only transmit to these clearinghouses. If you utilize a different clearinghouse have them contact one of the above clearinghouses we utilize to receive your 835 transaction.</p>	<p>By signing below you authorize Geisinger Health Plan and it's affiliates to release our claim payment information to the marked clearinghouse in an electronic HIPAA compliant 835 transaction.</p> <p>Authorized Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Date: _____</p>

Form can be faxed to 570-271-5297 – **Prior to final set up original signature page must be returned to:**  
 Geisinger Health Plan, Dept 32-20, 100 North Academy Avenue, Danville Pa 17822-3022