



California Medicare Hospital ERA Payer Registration Cover Sheet

For Initial Enrollment with this payer:

- If you have NOT submitted claims electronically to this payer, the Payer requires Payer Registration forms. Please complete all fields on the following page as well as the attached Payer Registration forms and return to WebMD for processing.
- Your Payer Registration form must include a valid Provider ID. Listing an invalid provider ID will delay the process.

For Re-Enrollment with this payer:

- If you have submitted claims electronically to this payer in the past either directly or through another clearinghouse and would like to submit through WebMD, the Payer requires payer registration forms.
- Your Payer Registration form must include a valid Provider ID. Listing an invalid provider ID will delay the process.

If you are already APPROVED by this payer to submit through WebMD:

- If you have already received an approval from this payer to submit claims electronically through WebMD, you must notify WebMD so that we may process your approval in our enrollment systems. Please submit an email to: payerregistration@webmd.net, or fax to 615-885-3713.

Payer Registration Reminders:

- Please keep a copy of all forms for your records.
- Please verify that all pages in the agreement are included when mailing.
- Please ensure that all required fields are completed and legible.
- Please provide a physical address below in case we need to Fed-Ex your agreement back to you.
- Please remember to sign and date all documents. Your software vendor must be certified to send All-Payer claims to WebMD. Please contact your vendor if you have questions regarding certification.
- To obtain forms or additional payer information, visit our website: <http://www.webmdenvoy.com/>



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Instructions for submitting Payer Registration Forms:

- You must include this page when submitting Payer Registration forms to WebMD
- Registration forms must be submitted to the address or fax number below
- To obtain forms or additional payer information, visit our website: <http://www.webmdenvoy.com/>

This REGISTRATION is for a: <input type="checkbox"/> Provider <input type="checkbox"/> Group			
Name			
Physical Address			
City, State, Zip			
Contact Name			
Contact Phone			
Contact Fax			
Contact Email Address			
<input type="checkbox"/> Provider ID		<input type="checkbox"/> Group ID	
<input type="checkbox"/> Tax ID <input type="checkbox"/> SSN			
Site ID			
Vendor Name			
Vendor Submitter ID		Division ID	

Submit Original Payer Registration forms that require original signatures to:

WebMD/ENVOY
Attn: Enrollment Dept
Donelson Corporate Ctr Bldg 3
3055 Lebanon Pike Ste 2000
Nashville, TN 37214

For all other forms:

Fax: (615) 231-4843
Email: batchenrollment@webmd.net

**To avoid claim rejection, please do not submit electronic claims before receiving
WebMD/ENVOY Approval Notification.**

Clearinghouse-Smart Xfer TRADING PARTNER INFORMATION SHEET

Date: TP ID J#

IDENTIFICATION

Organization:

Clearinghouse EIN/Tax ID:

Contact Name: E-mail:

Phone Number: Fax Number:

Address:

City: State: Zip:

ADD DELETE

Facility Name EIN/Tax ID

Contact: Phone: () - X

Address: City: State: Zip:

Provider #(s)

** For additional Provider numbers attach a separate sheet (use a separate sheet for each group/facility)

Claim Format: ANSI 837 4010a1 ERA Format: ANSI 835 4010a1

DATA TRANSFER INFORMATION

Connectivity: Pro Comm Plus PC AnyWhere Hyperterminal
 IVANS (ws-ftp) IVANS (ip) _____

Protocol: Zmodem Xmodem Ymodem
 FTP Kermit _____

Zipped: Yes No