

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		Site ID			
Address		City/State		Zip Code	
Contact Name					
E-mail Address		Telephone		Fax	

2 Vendor *(Emdeon certified vendor used to submit files to Emdeon)*

Vendor Name		Receiver 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:	
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Special Instructions:

All Payer Registration forms must contain original signatures, no stamped signatures or photocopies are accepted.

- SUBMIT COMPLETED FORM TO:
 - Emdeon Business Services
 - Donelson Corporate Ctr Bldg 3
 - 3055 Lebanon Pike Ste 2000
 - NASHVILLE, TN 37214

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REVISED DATE:

