



**PASSPORT ADVANTAGE ERA
AMERIHEALTH ADMINISTRATORS ERA
AMERIHEALTH HMO OF NJ AND DELAWARE ERA
AMERIHEALTH PPO OF DELAWARE ERA
AMERIHEALTH PPO OF NEW JERSEY ERA
IBC PERSONAL CHOICE ERA
KEYSTONE EAST ERA**

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 Payor for processing.
- Emdeon requires set up for ERA, please submit an ERA Provider Setup form to Batchenrollment at Emdeon.com
- Registration with Emdeon takes 14 business days.
- Your Payer Registration form must include a valid Provider ID. Listing an invalid Provider ID will delay the process.
- This payer accepts group agreements.
- You may obtain the form from our enrollment web site <http://www.emdeon.com>.

All forms need to be e-mailed to:

x12support@navimedix.com

The Subject line must contain: 835 Enrollment-"name of provider/group"

IX. 835 PROVIDER ENROLLMENT

PLEASE COMPLETE THIS SECTION IF A PROVIDER WISHES TO RECEIVE OR DISCONTINUE RECEIVING AN ELECTRONIC REMITTANCE ADVICE (835). YOU MAY ATTACH A SEPARATE FILE WITH THE FOLLOWING INFORMATION PER PROVIDER.

PLEASE PROVIDE A CONTACT NAME AND PHONE NUMBER SHOULD WE NEED TO CONTACT YOU REGARDING THE INFORMATION PROVIDED.

CONTACT NAME:

CONTACT PHONE NUMBER:

TRADING PARTNER NAME: WEBMDPROF

ACTION: RECEIVE DEACTIVATE

EFFECTIVE DATE: (MM/DD/YYYY)

PROVIDER NAME:

ADDRESS:

TAX ID:

NPI:

TAXONOMY CODE:

PLEASE INCLUDE ANY OF THE FOLLOWING IDs FOR EACH PROVIDER IF KNOWN AND/OR USED:

IBC PHILPROV ID:

10-DIGIT ID PROVIDED BY IBC FOR FACILITIES AND INDIVIDUAL PROFESSIONAL PROVIDERS

IBC GROUP ID:

10-DIGIT ID PROVIDED BY IBC FOR PROFESSIONAL PROVIDER GROUP PRACTICES

AMERIHEALTH ADMINISTRATORS ID

6-DIGIT ID PROVIDED BY AHA FOR FACILITIES AND PROFESSIONAL PROVIDERS

KEYSTONE HEALTHPLAN EAST ID

KHPE ID PROVIDED BY IBC FOR FACILITIES AND PROFESSIONAL PROVIDERS