

PAYER ID:

SUBMITTER ID:




emdeon™

## Emdeon **Claims** 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><b>SUBMIT COMPLETED FORM TO:</b>            Fax: (615) 231-4843            Email: <a href="mailto:batchenrollment@Emdeon.com">batchenrollment@Emdeon.com</a></li> </ul>					
<p>*Atypical provider and do not qualify for an NPI, please enter the word "ATYPICAL" in the first NPI box.</p> <p>*If the client/provider is a Clearinghouse, Billing Service or Central Billing Office and do not have an NPI, please enter the word "NONE" in the first NPI box.</p>					
EMDEON REVISION FORM DATE:					

# FORM MUST BE SUBMITTED TO EMDEON

Welcome Enrollment Contact [Manage](#)  
Emdeon Professional [Manage](#)  
Home Public Resources ClearConnect  
Welcome Programs [Help](#) [Logo](#)

Indirect Provider Registration: 5 of 47

### New Client/Provider Registration

**6. Please enter the business information about the client/provider: Required**

Business Name: \*

Federal Tax ID (9 digit with no hyphens) \*

**7. National Provider Identifier (NPI) please enter here - Required**  
see requirements below:

**ClearConnect is expecting the NPI you will use to bill payers for this client/provider. In most cases, this is a TYPE 2 NPI (corporation or business). However, in some cases it is a TYPE 1 NPI (individual physician). Please enter their NPI in the first box. If they have subparted NPIs, please enter them in the remaining NPI boxes. If they are an Atypical provider and do not qualify for an NPI, please enter the word "ATYPICAL" in the first NPI box. If the client/provider is a Clearinghouse, Billing Service or Central Billing Office and do not have an NPI, please enter the word "NONE" in the first NPI box.**

National Provider ID: (10 Digit or ATYPICAL or NONE) \*

National Provider ID: (10 Digit)

National Provider ID: (10 Digit)

National Provider ID: (10 Digit)

National Provider ID: (10 Digit)

If you have more than 5 NPI numbers, please list additional here separated by commas.

**8. Transaction Types Required**

**Please select the transaction type(s) you wish to send to ClearConnect on behalf of the above mentioned client/provider. They will be assigned all payers that you, the direct submitter are currently in production for.**

837 Institutional Claims

837 Professional Claims

835 Electronic Remittance

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