

PAYER ID:

SUBMITTER ID:



Emdeon **Claims** 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		Vendor Submitter 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 signatures when applicable, stamped signatures or photocopies are accepted.

- SUBMIT COMPLETED FORM TO:
 - Fax: (615) 231-4843
 - E-mail: batchenrollment@Emdeon.com

REVISED DATE:



EDI Enrollment: 3000 E Pine Ave • Meridian, Id 83642 • Fax 208-331-7203

Section A – Provider Information

Classification <i>(Required)</i>	Please indicate your classification: <input type="checkbox"/> Individual Provider <input type="checkbox"/> Group/Practice
Business Name	
Provider Name <i>(Last, First, MI and Suffix)</i>	
Provider Number <i>(Required by Individuals)</i>	
Group Number <i>(Required by Groups)</i>	
Provider NPI Number	
Business Address	
City, State, and Zip	
Telephone Number	
Fax Number	
Contact Name	
Email Address	

Section B – Electronic Submission Method

Please check the applicable

- ANSI4010A1 NSF90301
 Provider is the Direct Submitter of Data
 Provider is with Billing Service or another Clearinghouse

Billing Service	
Clearinghouse	EMDEON

Section C – Standard Transactions

- X12N 837P *(Professional Claim)* X12N 270/271 *(Eligibility Inquiry/Response)*
 X12N 837I *(Institutional Claim)* X12N 276/277 *(Claims Inquiry and Response)*
 X12N 835 *(Remittance Advice)*

Section D – Software Vendor

Name of Software Vendor on Contract	
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Section E – Signature

Signature of Provider or Office Manager	
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