



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:	
-------------------------------------	--

Special Instructions:

<https://www.highmark.com/edi/update/index.shtml>

- Please do not submit hard copies of this form to Emdeon for processing.

"ADD PROVIDER"

EMDEON TRADING PARTNER ID 501107

* PROVIDERS MUST BE SETUP WITH EMDEON BEFORE COMPLETING HIGHMARK ONLINE ENROLLMENT