

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>					
EMDEON REVISION FORM DATE:					

# EDI Trading Partner Information

## CLEARINGHOUSE/BILLING SERVICE SUBMITTER – PROFESSIONAL or INSTITUTIONAL

Premera Blue Cross  
PO Box 327  
M/S 281  
Seattle, WA 98111-0327

Phone: 800-435-2715  
Fax: 425-918-4234  
e-mail: [edi@premera.com](mailto:edi@premera.com)

To establish the process of exchanging electronic HIPAA transactions with Premera Blue Cross, please complete the following information and return to the above address. This form needs to be completed in full in order for us to assign a submitter ID. Please contact your software vendor or technical support staff for assistance in completing this form if necessary.

### 1. Trading Partner Demographics:

Provider or Group/Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Tax ID: \_\_\_\_\_ National Provider Identifier (NPI) \_\_\_\_\_

Clearinghouse/Billing Service Name: EMDEON

PAYER REGISTRATION ENROLLMENT HELP DESK

Clearinghouse/Billing Service Contact & email address: payerregistration@emdeon.com

Contact Phone Number: 866-924-4634

Clearinghouse/Billing Service Address: 3055 LEBANON ROAD BUDG 3 STE 2000

Clearinghouse/Billing Service City, State, Zip: NASHVILLE TN 37214

**Please note, should the exchange relationship between the provider and billing agent change, immediately contact the EDI Team at 1-800-435-2715, option 1, or at [edi@premera.com](mailto:edi@premera.com)**

**Special Requirement for Clearinghouse or Billing Service** : Please attach a list of all the providers for whom you bill along with their tax ID.

**2. Transaction(s):**

Please enroll our office in the following transaction(s). (Mark the appropriate box(es)).

**Note:** The 270, 276, 278 transactions are only allowed for Premera related products.

Check Box	Transaction Number	Transaction Title	Version	
<input type="checkbox"/>	270/271	Health Care Eligibility Benefit Inquiry and Response <b>(If you request the 270/271, a separate enrollment and authorization form will be sent to you)</b>		Original Authorization Required
<input type="checkbox"/>	276/277	Health Care Claim Status Request and Response <b>(If you request the 276/277, a separate enrollment and authorization form will be sent to you)</b>		Original Authorization Required
<input type="checkbox"/>	278	Health Care Services Review-Request for Review and Response <b>(If you request the 278, a separate enrollment and authorization form will be sent to you)</b>		
<input type="checkbox"/>	835	Health Care Claim Payment/Advice <b>(If you request the 835, a separate enrollment and authorization form will be sent to you)</b>		Original Authorization Required
<input checked="" type="checkbox"/>	837	Health Care Claim: Professional		
<input type="checkbox"/>	837	Health Care Claim: Institutional		
<input type="checkbox"/>	837	Health Care Claim: Dental		

Will you accept 997 Functional Acknowledgements for ANSI transactions?

Yes  No

Companion Documents can be found at: <http://wahealthcareforum.org/HIPAA/policies.htm>

These Companion Guides serve to provide any data clarifications to supplement the specifications outlined in the Implementation Guides and to provide more specific PBC requirements.

**3. Delimiters for ANSI Transactions:**

Premera delimiter defaults are:

- asterisk (\*) for element separator
- colon (:) for sub-element separator
- tilde (~) for segment separator

Will you be using the Premera default delimiters?

Yes

No  - Please indicate below the delimiters you will be using:

Element Separator Character: \_\_\_\_\_

Sub-Element Separator Character: \_\_\_\_\_

Segment Terminator: \_\_\_\_\_