



All providers must complete the payer online enrollment form and fax to Cahaba.

No handwritten forms will be accepted

Follow the instructions on the following screen to complete enrollment for Claims or ERA.

http://www.cahabagba.com/part_b/edi/forms.htm

OR

http://www.cahabagba.com/part_b/forms/PartBEDIAApplication.pdf

Part B > [Electronic Data Interchange](#) > Electronic Data Interchange Forms

EDI Forms

Instructions for Completing EDI Applications

Please read and follow instructions carefully. Applications that do not comply with these guidelines will be rejected and returned.

- Access the application by clicking on the appropriate link below. You must have **Adobe 8** or later installed on your system to complete these applications.
- Complete the application by typing your information online, directly into the application.
- Once completed, print the application, obtain an authorized signature, and fax it to Cahaba EDI Services. Applications must be faxed to the number provided in the top right corner of the first page of the application.
- Pages must be faxed in the order printed. Use only the cover page provided with the application and make sure it is the first page faxed.
- Send only one application per fax.
- If an e-mail address is provided on the application, it will be used to send notifications when the application status changes.
- If you are resubmitting an application that has been returned, you must complete and fax a new application.
- Billing services and clearing houses must complete the "EDI Services Part B Billing Service Application." If using in-house software that requires testing, a provider's "EDI Services Part B Application" is also required. The provider's application must be in front of the billing service application and sent in the same fax.
- Vendors must complete the EDI Services Part B Vendor Application.
- New vendors will need to fax at least one provider's EDI application along with the "EDI Services Part B Vendor Application." The provider's application must be in front of the vendor application and sent in the same fax.
- For new connectivity vendors the Network Services Agreement with an authorized signature must also be submitted.
- The name, address, and tax ID provided must match the address and tax ID we have associated with the PTAN and NPI in our system.
- If you have any questions contact EDI Services at (866) 582-3253, or via e-mail at PartBEDIServices@cahabagba.com

Click the link to the appropriate application below to begin entering the data. **Adobe Acrobat Reader** version 8 or later must be installed on the submitter's system to complete the applications.

- [Part B EDI Application](#)
- [Part B Billing Service Application](#)
- [Part B Vendor Application](#)
- [Part B Network Service Vendor](#)

Choose Part B EDI Application

STATE	Emdeon Submitter ID
Alabama	MEDEX001
Georgia	GAB14888
Mississippi	007000128
Tennessee	TN201163

General Information:

Choose State Affiliation

State: Georgia Alabama Mississippi Tennessee

I am requesting to (Select one from dropdown): Start Billing Electronically

Additional Options: Request Electronic Remits PPTN Access
 Perform 276/277 (Batch Claim Status)

I will be sending my claims and retrieving remits (Select one from dropdown): Using a Billing Service/Clearinghouse

List submitter ID Enter Emdeon Submitter ID

Sending through a Billing Service/Clearing House (3rd Party) Enter Emdeon Clearinghouse Information

Billing Service/Clearinghouse Name: Emdeon

Mailing Address: 3055 Lebanon Pike Ste 1000 Phone Number: 866-924-4634

City: Nashville State: TN Zip Code: 7214

Contact Name: Enrollment Help Desk E-Mail Address: payerregistration@emdeon.com

Signature: (By signing this document you are stating that you are authorized to sign on behalf of the indicated party and have read and agree to the foregoing provisions and acknowledge same)

Provider's Name Title

Mailing Address:

City: State: Zip Code:

Group PTAN: Group NPI: Submitter ID (if applicable)

Enter Emdeon Submitter ID ↑

Printed Name

Signature: _____