



emdeon™

Emdeon **Realtime** Provider Information Form

This form is to ensure accuracy in updating the appropriate account

1	Provider Organization			Customer #			
Practice/ Facility Name				Tax ID			
Provider Name							
Address				City/State			Zip Code
Contact Name							
E-mail Address				Telephone			Fax
MID				TID			TPG
2	Payer						
Payer Name/ID							
Group Provider ID				Individual Provider ID			
3	Confirmations						
Send Emdeon Confirmations To:							
Special Instructions:	<ul style="list-style-type: none"> All Payer Registration forms must contain signatures when applicable, stamped signatures or photocopies are accepted. SUBMIT COMPLETED FORM TO: <p style="text-align: center;">Email: RTenrollment@emdeon.com Fax: 615.885.3713</p>						
EMDEON REVISION FORM DATE:							

EDI Application to Add Providers

Submitter Information

[Section Help](#)

Submitter Name*:

Submitter Title*:

Submitter Company*:

Submitter Telephone Number*: - -

Trading Partner Information

[Section Help](#)

Trading Partner Number*:

Trading Partner Name*:

Provider Information*

[Section Help](#)

Add Highmark Billing Provider Number(s)

Highmark Billing Provider #	Highmark Billing Provider Name	Receive ERA?
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Copy providers from another Source or Trading Partner Number

Copy all providers from existing Source/Trading Partner # Name

Would you like to switch ERA for the providers attached to the above Source/Trading Partner? (Select only if Yes)

Additional Comments

Please use this space for additional description or instruction.