



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 | | Billing NPI | | | |
| | | | | | | |

| | | | | | | |
|--|----------------------|--|--|--|--|--|
| 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: | | | | | | |
| Email: RTenrollment@emdeon.com Fax: 615.885.3713 | | | | | | |
| | | | | | | |

EMDEON REVISION FORM DATE:

Capital BlueCross Real-Time Facility Enrollment Procedures

The Capital BlueCross (CBC) real-time facility enrollment procedures are outlined below.

CBC maintains and performs all facility enrollments and notifies Emdeon Real-Time Registration when a provider is approved to trade real-time transactions.

Facilities include Hospitals/Ancillaries, Durable Medical Equipment, Ambulance, IV, Prosthetic, and Orthotic providers. Payer-assigned facility identifiers are 6 digits. NPIs for facilities are 10 digits

Facilities wishing to trade real-time transactions with CBC using Emdeon as their clearinghouse must follow the below EDI enrollment procedures.

1. The facility contacts their assigned CBC Provider Automation Consultant. Facilities that do not know their assigned consultant should contact Georganna Lerch.
2. CBC Provider Automation prepares a **Provider EDI Registration Form** for the facility and sends it to the facility via fax or US Mail within three business days.
3. The facility completes, signs, and returns the **Provider EDI Registration Form** to CBC Provider Automation.
 - a. Facilities may indicate an open-ended agreement with Emdeon by including "open-ended" in the date fields of the form.
 - b. Signature must be of an authorized agent for the facility.
 - c. To speed processing, the facility may fax or email the completed and signed form to CBC Provider Automation.
 - d. A copy of the **Provider EDI Registration Form** with original signature must be sent to CBC Provider Automation via US Mail.
4. CBC Provider Automation processes the **Provider EDI Registration** form within three business days.
5. CBC Provider Automation sends **Appendix A** forms for the facility to Emdeon Real-Time Registration via US Mail.
6. Emdeon Real-Time Registration completes, signs, and returns the **Appendix A** forms to CBC Provider Automation via US Mail.
 - a. Signature must be original and of an authorized agent for Emdeon.
7. CBC Provider Automation processes the **Appendix A** forms for the facility within three business days.
8. CBC Provider Automation notifies Emdeon Real-Time Registration via email to Realtime@emdeon.com that the provider is approved and may begin trading real-time transactions.

If all forms are completed and mailed in a timely manner, CBC estimates the facility enrollment will be completed within two to three weeks.

Contact Information

Capital BlueCross Provider Automation

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Emdeon Real-Time Provider Registration

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Fax: 615.695.0270

Mailing Address

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