

PAYER Name/ID:



Emdeon **Realtime** Provider Information Form

**This form is to ensure accuracy in updating the appropriate account*

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|---|--|------------------------------|--|----------------|--|----------|--|
| 1 | | Provider Organization | | Customer # | | | |
| Practice/ Facility Name | | | | Provider Name | | | |
| Tax ID | | | | | | | |
| 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 ID | | | |
| | | | | | | | |
| 3 | | Confirmations | | | | | |
| Send Emdeon Claim 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: | | | | | | | |

EMDEON
3055 Lebanon Road Bldg.3 Suite 2000
Nashville, TN 37214

If you have questions on how to complete this form
or on the status of your enrollment, please call
the enrollment help desk at 1-800-845-6592.

Florida Medicaid Enrollment for Real-Time Transactions For Emdeon Office

Please complete all information. Mail this form to the address listed above.

Provider/Group Name: _____

Provider Address: _____

Provider City, State, Zip: _____

Contact Name: _____

Provider Phone Number: _____

Fax Number-for approval notice: _____

Tax ID: _____

Provider Number (must be nine digits): _____

- Practice address must reflect the physical location where eligibility will be verified.
- If Practice has multiple locations where eligibility will be verified, each location and corresponding provider number must be submitted for enrollment. Please copy form as needed.
- Provider number must be associated with the Practice/Physician name and location.
- Billing Agencies must have a specific provider number assigned by the AHCA (beginning with 99) along with submission of "intent and disclosure" and subsequent approval from AHCA for requesting eligibility data.

For Internal Use Only:

Please indicate all applicable HIP user names (please write clearly):

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