



**GA BCBS ELIGIBILITY
Payer Registration Cover Sheet**

For Initial Enrollment with this payer:

- If you have NOT submitted eligibility transactions to this payer, Payer Registration forms ARE required by the Payer. Please complete all fields on the following page and return to WebMD for processing.
- This form does not require an original signature and can be faxed to the number below.
- Registration with this payer can take from 1-2 weeks.
- Your Payer Registration form must include a valid Tax ID. Listing an invalid Tax ID will delay the process.
- **NOTE:** If your facility is a group of physicians, the facility name as well as the name of each physician must be listed on the attached form.

| | |
|---------------|--------|
| Provider Name | Tax ID |
| MID | TID |

Submit Original Payer Registration forms that require original signatures to:

WebMD Envoy
Attn: Payer Realtime
3055 Lebanon Rd., Ste 2000
Nashville, TN 37214

For all other forms:

Fax: (615) 231-4843

**To avoid rejections, please do not submit eligibility transactions before
receiving Approval Notification from WebMD.**

