

PAYER NAME/ID: KAISER



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	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:					



Provider Registration Process For KP Eligibility Transactions sent through Emdeon

- Providers will get registration forms through the Emdeon web page: <http://www.emdeon.com/PayerLists/ScannedForms/REAL%20TIME/California%20BC%20Realtime.pdf>. They will submit the forms to Emdeon.
- Emdeon will email the registration forms to Carlo.M.Roxas@kp.org for identification and approval.
- Kaiser will inform Emdeon once the provider is approved.
- Emdeon will inform the providers that they have been approved to send transactions.
- Providers that have been deemed by Kaiser to be “Phishing” or abusing the system may be suspended by Kaiser at any time. An email will be sent to Emdeon to suspend the provider. Emdeon will restrict access for these providers within 5 business days. Kaiser will notify the provider that they have been suspended and the reason why.
- Plans available:

CARRIER_NAME	PAYOR_DESC
KAISER FOUND CO	KAISER FOUNDATION HEALTH PLAN OF CO
KAISER FOUND GA	KAISER FOUNDATION HEALTH PLAN OF GA
KAISER FOUND MID-ATL	KAISER FOUNDATION HEALTH PLAN OF MID-ATLANTIC
KAISER FOUND NW	KAISER FOUNDATION HEALTH PLAN OF NW
KAISER FOUND OH	KAISER FOUNDATION HEALTH PLAN OF OH
KAISER PERM N. CA	KAISER PERMANENTE N CA
KAISER PERM S. CA	KAISER PERMANENTE S CA
KAISER PERM HI	KAISER PERMANENTE HI

Realtime Eligibility Registration



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 as well as the attached Payer Registration forms and return to Emdeon for processing.
- This form does not require an original signature and can be faxed to the number below.
- Your Payer Registration form must include a valid NPI. Listing an invalid NPI will delay the process.

Instructions for submitting Realtime Forms:

- You must include this form when submitting Payer Registration forms to Emdeon
- Registration forms must be submitted to the address or fax number below

To obtain forms or additional payer information, visit our website:

<http://www.emdeon.com>

Name*:	Customer #	
Physical Address*:		
City, State, Zip*:		
Contact Name*:		
Contact Phone*:		
Contact Email Address*§:		
Other Address:		
Provider/NPI ID*:		
TAX ID*:		
MID	TID	TPG

* Required Information

§ All Approval Notifications will be sent to this address

RTenrollment@emdeon.com

Fax: 615-885-3713

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

*******Please note that access will be prohibited or suspended if there is a record of submitting numerous transactions for non-KP members. Eligibility transaction volumes that are double the amount of claims volume in a given month for a provider will be evaluated and may also result in suspension.**