



## Emdeon **Realtime** Provider Information Form

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

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



## **MEDICARE PARTS A AND B Real Time Eligibility Transaction**

# **ATTENTION**

CMS requires Emdeon™ to verify all provider numbers against CMS' system. CMS has announced that effective May 23, 2008 when the CMS National Provider Identifier (NPI) Contingency Plan ends, the Medicare 270/271 system will accept only the NPI in 270 requests. The Medicare 270/271 system will not accept legacy Medicare provider numbers in either the 270 2100B NM1 or REF segments. Failure to submit NPI only will result in providers not being able to obtain Medicare eligibility information from the Medicare 270/271 eligibility system.

Only authorized Medicare claims submitters will be permitted to access the eligibility transaction.

### **Please send the attached cover sheet to:**

Emdeon Business Services  
Attn: Enrollment Dept.  
3055 Lebanon Pike, Suite 1000  
Nashville, TN 37217-2421  
Email:  
[RTenrollment@emdeon.com](mailto:RTenrollment@emdeon.com)  
Fax: 615.231.4843

### **Payer Registration Reminders:**

Please keep a copy of all forms for your records.  
Please verify that all pages in the agreement are included when mailing.  
Please ensure that all required fields are completed and legible.  
Please provide a physical address below in case we need to FedEx your agreement back to you.  
Please remember to sign and date all documents.  
To obtain forms or additional payer information, visit our website:  
[http://www.emdeon.com/enrollment/REALTIME/medx-enroll\\_combined.pdf](http://www.emdeon.com/enrollment/REALTIME/medx-enroll_combined.pdf)