



## 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 |  | Billing NPI |  |
|                   |              |  |  |                        |  |             |  |

|  |                      |  |  |  |  |  |  |
|--|----------------------|--|--|--|--|--|--|
| <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> |                      |  |  |  |  |  |  |
| Email: <a href="mailto:RTenrollment@emdeon.com">RTenrollment@emdeon.com</a><br>Fax: 615.885.3713   |                      |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
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|                            |  |  |  |  |  |  |  |
|----------------------------|--|--|--|--|--|--|--|
| EMDEON REVISION FORM DATE: |  |  |  |  |  |  |  |
|----------------------------|--|--|--|--|--|--|--|

**Rocky Mountain Health Plans WebMD Registration**  
**Process:**

**Date:**

**To:** Malinda Baumann  
Telephone: 970-254-5705  
Fax: 970-244-7880

**From:** Suzy Chandler  
Telephone: 615-932-3817  
Fax: 615-885-3713  
Email: [schandler@emdeon.com](mailto:schandler@emdeon.com)

**Customer:**

*Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Telephone:* \_\_\_\_\_

*Tax ID with Suffix:* \_\_\_\_\_

**Approved:**

*Name:* \_\_\_\_\_

*Date:* \_\_\_\_\_