

Emdeon **Claims** Provider Setup Form

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1 Provider Organization

Practice/Facility Name				Billing NPI		
Provider Name						
Provider Specialty Code		Tax ID			Site ID	
Practice/Facility Provider Address	Street					
	City			State		Zip Code
Contact Name				Contact Phone Number		

2 Vendor (Emdeon Certified Vendor used to submit files to Emdeon)

Vendor Name						
Vendor Submitter ID						
Contact Name				Contact Phone Number		

3 Report Method

TSO ID			Communication Protocol/Output			
Report Type			Report Format			

4 Payer

M = Medical H = Hospital

Please list additional payers below

Check the Emdeon Payer List to see if additional enrollment is required at: <http://www.emdeon.com/PayerLists/payerlists.php>

Payer ID	Group ID	Individual ID	NPI ID	Payer ID	Group ID	Individual ID	NPI ID

5 Confirmations (Enter E-mail address)

Confirmations (Enter E-mail address)