



CLIENT PROVIDED APPROVAL FORM

ONLY COMPLETE THIS FORM IF:

- You are already APPROVED by this payer to submit claims electronically through Emdeon and would like to notify Emdeon so that we may process your approval in our systems.
- To obtain forms or additional payer information, visit our website: <http://www.emdeon.com/>

****THIS FORM CANNOT BE PROCESSED IF SUBMITTED WITH A PAYER REGISTRATION FORM****

PAYER APPROVAL	CLAIMS	ERA
Payer ID		
Payer Name		
Name		
Address		
City, State, Zip		
Contact Name		
Contact Phone		
Contact Fax		
Contact Email Address		
Provider ID	Group ID	
NPI ID		
Tax ID		
Site ID		
Vendor Name		
*Payer Assigned Submitter ID		
Additional Information		

*** APPLICABLE PAYERS ONLY**

Submit hardcopies to:

Emdeon Business Services
 Attn: Approval Dept
 Donelson Corporate Ctr Bldg 3
 3055 Lebanon Pike Ste 2000
 Nashville, TN 37214

Submit faxes and email to:

Fax: (615) 231-4843
Email: payerregistration@emdeon.com

**To avoid claim rejection, please do not submit electronic claims before receiving
 EMDEON Approval Notification.**