



Emdeon Business Services  
2000 Commonwealth Avenue  
Suite 310  
Auburndale, MA 02466  
Phone 800-266-2206  
Fax 615-340-6159

FACSIMILE

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**To:** EMC Enrollment

**From:** \_\_\_\_\_

**Company:** Emdeon Business Services

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

**Phone:** \_\_\_\_\_

**Fax:** 615-340-6159

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**Comments:**

**Blue Cross Blue Shield of Massachusetts EMC Enrollment paperwork.**

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## Electronic Media Claims Information Sheet

**INSTRUCTIONS:**

1. Please fill in all information accurately and completely.
2. For electronic claims (837) enrollment, complete section A.
3. For electronic remittance (835) enrollment, complete section B.
4. Emdeon Business Services will assign a Biller Number/Vendor Source Code.
5. Fax, E-Mail or mail your form to Emdeon Business Services  
 Fax: (615) 340-6159  
 E-Mail: [ptgenrollment@emdeon.com](mailto:ptgenrollment@emdeon.com)  
 Mail: Emdeon, Attn: EMC Testing, 2000 Commonwealth Ave., Suite 310, Auburndale, MA 02466
6. For questions please contact EMC Enrollment at (800) 266-2206 and choose option 6 then option 2.



### ELECTRONIC CLAIMS SUBMITTER INFORMATION

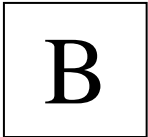
Submitter Name: \_\_\_\_\_

Submitter Address: \_\_\_\_\_

Submitter City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Submitter Contact: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Software Company: \_\_\_\_\_



### ELECTRONIC REMITTANCE RECEIVER INFORMATION

Electronic Remittance:  Yes, we would like to receive electronic remittance for BCBSMA

Tax ID Number: \_\_\_\_\_

Software Company: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Provider Contact: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Associated NPI:\* \_\_\_\_\_

**\* PLEASE NOTE: IF MULTIPLE BCBSMA PROVIDER NUMBERS ARE ASSOCIATED WITH THE SAME NPI, ALL ELECTRONIC REMITTANCES (ERAs) WILL BE RETURNED IN THE SAME REMITTANCE FILE.**

-----Assigned by Emdeon-----

Biller Number/Vendor Source Code: \_\_\_\_\_