

# Emdeon ERA Provider Setup Form

Email: [batchenrollment@emdeon.com](mailto:batchenrollment@emdeon.com)  
 Fax: (615) 885-3713

## 1 Provider Organization

|                            |  |                      |  |             |  |
|----------------------------|--|----------------------|--|-------------|--|
| Practice/<br>Facility Name |  | Tax ID               |  | Billing NPI |  |
| Address                    |  | City/State           |  | Zip Code    |  |
| Contact<br>First Name      |  | Contact<br>Last Name |  | Title       |  |
| E-mail<br>Address          |  | Telephone            |  | Fax         |  |

## 2 Vendor *(Emdeon contracted & certified customer used to retrieve ERA files)*

|                       |  |                      |       |
|-----------------------|--|----------------------|-------|
| Vendor Name           |  | Submitter<br>ID      |       |
| Contact First<br>Name |  | Contact<br>Last Name | Title |
| E-mail<br>Address     |  | Telephone            | Fax   |

## 3 ERA Receiver

|   |                           |                                |                            |                           |                            |
|---|---------------------------|--------------------------------|----------------------------|---------------------------|----------------------------|
| Receiver ID   |                           | Who will be receiving the ERA? |                            |                           |                            |
| Distribution<br>Method<br><small>(Check only one)</small> | Emdeon Office<br>Mail to: | NDM<br>S Node<br>Name:         | FTP Internet<br>Log In ID: | FTP<br>Dial-up<br>TSO ID: | GTEDS<br>or ITS<br>TSO ID: |
| Do you want your ERA file split?                          | Yes No                    | How?                           |                            |                           |                            |
| Format requested  |                           |                                | 4010                       | 4010A                     | ( ) Specify                |

## 4 Payer *(If additional rows are required for payer ID selection, complete additional ERA Provider Setup Forms.)*

| Payer ID | Group ID | Individual<br>Provider ID | Payer ID | Group ID | Individual<br>Provider ID |
|----------|----------|---------------------------|----------|----------|---------------------------|
|          |          |                           |          |          |                           |
|          |          |                           |          |          |                           |
|          |          |                           |          |          |                           |
|          |          |                           |          |          |                           |
|          |          |                           |          |          |                           |

## 5 Confirmations

|   |  |
|---|--|
| Send Emdeon ERA Setup Confirmations To:     |  |
| Send Additional ERA Setup Confirmations To: |  |