

Emdeon Eligibility Provider Setup Form

* Eligibility Provider Setup Form is only required for Payers that require specific enrollment*

Email: RTenrollment@emdeon.com

Fax: (615) 885-3713

1 PROVIDER INFORMATION

DATE:

Provider/Facility Name:

Telephone:

Street Address:

Contact:

City/St/Zip:

Tax ID:

Merchant ID (MID):

Terminal ID (TID):

TPG ID

2 NPI INFORMATION (List all applicable NPI ID's)

3 BILLING/VENDOR INFORMATION

Primary Customer #:

Primary Customer/Vendor Name:

4 PRODUCT TYPE

CHOOSE ONE PRODUCT TYPE

5 PAYER INFORMATION <http://www.emdeon.com/enrollment/realtimeforms.php>

ALLPAY _____ (ALLPAY = ALLPAYERS EXCEPT PAYERS THAT REQUIRE ADDITIONAL PAYER ENROLLMENT)

PAYER NAME

PAYER NAME

PAYER NAME

PAYER NAME

6 CONFIRMATION

Confirmation of Setup sent to: (ENTER EMAIL ADDRESS)

Confirmation of Setup sent to: (ENTER EMAIL ADDRESS)

Submit Completed Forms to:

Options:

E-mail:

RTenrollment@emdeon.com

Fax:

615-885-3713

Mail:

Emdeon
3055 Lebanon Pike
Nashville, TN 37214

REVISED DATE 03-05-2009