

# Emdeon **Claims** Provider Setup Form

Email: [batchenrollment@emdeon.com](mailto:batchenrollment@emdeon.com)

Fax: (615) 885-3713

## 1 Provider Organization

Practice/Facility Name								
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	<a href="#">Repository Report Options.pdf</a> <a href="#">Human Read Specs.v.pdf</a>		Report Format				

## 4 Payer

M = Medical    Commercial Only     H = Hospital    Commercial Only

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)