



P.O. Box 7011 Northridge, Ca 91327-7011 \* (818) 368-5501 \* [www.signatureclaims.net](http://www.signatureclaims.net)

## Provider Sign-up Form Information Commercial Payers ERAs

First check with Signature Claims to see if your payer directly sends the 835/ERA to Signature Claims. If not then continue on.

You MUST consult <https://access.emdeon.com/PayerLists/> and under services choose “ERA”. This will will you if the company that you need offers the 835/ERAs .

Fill out the attached form.

Also, consult <http://www.emdeon.com/enrollment/meraforms.php> to see if there is any additional paperwork to be filled out.

Make SURE that you put your email address in Section 5. FAX this form to the number located on the top right.

**Emdeon ERA Merge Group  
Provider Setup Form**

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

Fax: (615) 885-3713

<b>1</b>	<b>Provider Organization</b>				
Provider Name					
Tax ID			Billing NPI ID		
Provider Address					
	City			State	Zip Code
Contact Name			Telephone		
Provider Email					
<b>2</b>	<b>Vendor (Emdeon contracted &amp; certified customer used to retrieve ERA files)</b>				
Vendor Name			Submitter ID		
Contact Name			Telephone		
<b>3</b>	<b>Receiver</b>				
Receiver ID					
How do you want your Era file split?					
Distribution Method <i>(Must list one method in the distribution field below)</i>			Default Distribution		
<b>4</b>	<b>Payers (If additional rows are required for payer ID selection, complete additional ERA Provider Setup Forms.) Following Payers Must have Legacy ID's listed to complete Payer Enrollment: SB580-SB690- SKAR0-SKMD0</b>				
Payer ID	Group ID	Individual ID	NPI	Distribution <i>(list if using option other then default)</i>	
<b>5</b>	<b>Send Confirmations To:</b>				
	<b>Send Confirmations To:</b>				