

Emdeon requires setup for all payers listed in the table below; please submit an [EMDEON CLAIMS PROVIDER SETUP FORM](#), a copy can also be obtained at Emdeon website:

(Please use the Signature Claims/Emdeon Claims Provider Setup from found at <http://www.signatureclaims.net/DLFiles/ClaimsPSF1.pdf>)

NGS requires **both** the [EDI ENROLLMENT AGREEMENT](#), and the [PROVIDER AUTHORIZATION FORM](#) to be completed for submission of 837 claims.

Emdeon Payer ID	Emdeon Submitter ID	NGS Contractor Code
12M35 NY A	CH0000548	13201
12M04 CT A	CH0000548	13101
12004 – 12M28 VA/WV A	HM01241	00453
12M24 OH A	Z7P6	00332
12M08 IL A	Z7P6	00131
12M09 IN A	Z7P6	00130
12M11 KY A	Z7P6	00160
57011 RHHI CA A	HM05480	00456
12M18 MI A	HM16020	00452
12M29 WI A & FQHC	HM54406	00450
SMNY2 NY B Queens	CHBQ00810	13292
SMNY1 NY B Upstate	CHBU01588	13282
SMNY0 NY B Downstate	CH0000546	13202
SMCT0 CT B	CHBC00638	13102
SMIN0 IN B	ZD9G	00630
SMKY0 KY B	ZD9G	00660

EDI ENROLLMENT AGREEMENT

837 Claims Enrollment

Criteria: , Region: [Change Criteria](#)

EDI Enrollment Agreement Form

Provider Name

Title

Address

City

Email

Verify Email

Phone

Submitter Status * - Required

Submitter ID

Submitter Name

Submitter Type

PTAN(s)

NPI(s)

ENTER EMDEON'S SUBMITTER ID ASSOCIATED TO THE EMDEON PAYER ID

Emdeon Payer ID	Emdeon Submitter ID
12M35 NY A	CH0000548
12M04 CT A	CH0000548
12004 VA/WV A	HM01241
12M24 OH A	Z7P6
12M08 IL A	Z7P6
12M09 IN A	Z7P6
12M11 KY A	Z7P6
57011 RHRI CA A	HM05489
12M18 MI A	HM16020
12M29 WI A & FQHC	HM54406
SMNY2 NY B Queens	CHBQ00810
SMNY1 NY B Upstate	CHBU01588
SMNY0 NY B Downstate	CHB000548
SMCT0 CT B	CHBC00638
SMIN0 IN B	ZD9G
SMKY0 KY B	ZD9G

CMS EDI Enrollment Agreement

The Provider agrees to the following provisions for submitting Medicare claims electronically to CMS or to CMS's contractors.

A. The Provider agrees:

- That it will be responsible for all Medicare claims submitted to CMS by itself, its employees, or its agents.
- That it will not disclose any information concerning a Medicare beneficiary to any other person or organization, except CMS and/or its contractors, without the express written permission of the Medicare beneficiary or his/her parent or legal guardian, or where required for the care and treatment of a beneficiary who is unable to provide written consent, or to bill insurance primary or supplementary to Medicare, or as required by state or federal law.
- That it will submit claims only on behalf of those Medicare beneficiaries who have given their written authorization to do so, and to add that required beneficiary signature, school, authorized signature on behalf of those entities, as applicable.

I have read and accept the terms of the above agreement.

IMPORTANT: Once you click on the "Submit" button, this form must be printed, signed, dated, then faxed the EDI Enrollment Department. Requests received 30 days past the Signature date will be returned. -- Additional fax information can be found on the printed form.

ACCEPT TERMS

PROVIDER AUTHORIZATION FORM

837 Claims Enrollment

Criteria: , Region: | [Change Criteria](#)

EDI Third-Party Provider Authorization Form

U.S. Department of Health and Human Services

Select Transactions Authorized for this Submitter

ASC X12 837 Claim V4010A1

ASC X12 276/277 Claim Status & Response V4010A1

ASC X12 835 Remittance V4010A1

Submitter and/or Receiver Information

Name:

Operating as a:

Submitter ID:

Street:

City/State/Zip:

Contact Name:

Phone Number:

Email Address:

Verify Email Address:

Provider Information

Name:

Street:

City/State/Zip:

Contact Name:

Phone Number:

Email Address:

Verify Email Address:

PTAN(s):

NPI Number:

Contractor Code:

Emdeon Payer ID	Emdeon Submitter ID	NGS Contractor Code	
12M35 NY A		CH0000548	13201
12M04 CT A		CH0000548	13101
12004 VA/WV A		HM01241	00453
12M24 OH A		Z7P6	00332
12M08 IL A		Z7P6	00131
12M09 IN A		Z7P6	00130
12M11 KY A		Z7P6	00160
57011 RHHI CA A		HM05489	00456
12M18 MI A		HM16020	00452
12M29 WI A & FQHC		HM54406	00450
SMNY2 NY B Queens		CHBQ00810	13292
SMNY1 NY B Upstate		CHBU01588	13282
SMNY0 NY B Downstate		CH0000546	13202
SMCT0 CT B		CHBC00638	13102
SMIN0 IN B		ZD9G	00630
SMKY0 KY B		ZD9G	00660

Note: After completing the form on-line and printing it, be sure to sign it, date it and fax it to EDI Customer Support at 502-423-2356. A copy of the completed request should be retained for your records. **You will be notified via email by NGS EDI Enrollment when your setup request is completed.**