

Emdeon **Claims** Provider Setup Form

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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				Report Format			

[Repository Report Options.pdf](#)
[Human Read Specs.pdf](#)

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)