

Emdeon ERA Merge Group
Provider Setup Form

Email: batchenrollment@emdeon.com Fax: (615) 885-3713

1 Provider Organization

Provider Name				Tax ID		
Provider Address						
	City			State		
Contact Name				Telephone		

2 Vendor (Emdeon contracted & certified customer used to retrieve ERA files)

Vendor Name			Submitter ID		
Contact Name			Telephone		

3 Receiver

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	

4 Payers (If additional rows are required for payer ID selection, complete additional ERA Provider Setup Forms.)*Following Must have Legacy ID's listed to complete Payer Enrollment: SB580-SB690-SB760-SKAR0-SKMD0-SMMS0-SMMT0******

Payer ID	Group ID	Individual ID	NPI	Distribution <i>(list if using option other than default)</i>

5	Send Confirmations To:	
	Send Confirmations To:	