

# Emdeon ERA Provider Setup Form

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

## 1 Provider Organization

Practice/Facility Name				Tax ID		
Practice/Facility Address						
	City			State		Zip Code
Contact Name				Contact Phone Number		

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

Vendor Name				Submitter ID		
Contact Name				Contact Phone Number		

## 3 ERA Receiver

Receiver ID						
Distribution Method <small>(Must list one method)</small>				Distribution		

## 4 Payer (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-SB760-SKAR0-SKMD0-SMMS0-SMMT0\*\*\*

Payer ID	Group ID	Individual ID	NPI ID	Payer ID	Group ID	Individual ID	NPI ID

## 5 Confirmations (Enter E-mail address)

Confirmations <small>(Enter E-mail address)</small>						
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