



# Emdeon Provider Notification Form

\*This form is to ensure accuracy in updating the appropriate account

1 Provider Organization					
Practice/ Facility Name		Provider Name			
Tax ID		Client ID		Site ID	
Address		City/State		Zip Code	
Contact Name					
E-mail Address		Telephone		Fax	
2 Payer					
Payer ID					
Group ID		Individual Provider ID		NPI ID	
Payer Assigned Submitter ID					
Additional Information:					
3 Confirmations					
Send Emdeon Claim Confirmations To:					
Special Instructions:	<ul style="list-style-type: none"><li>All Payer Registration forms must contain signatures when applicable, stamped signatures or photocopies are accepted.</li><li>SUBMIT COMPLETED FORM TO: Fax: (615) 231-4843 Email: <a href="mailto:batchenrollment@Emdeon.com">batchenrollment@Emdeon.com</a></li></ul>				
EMDEON REVISION FORM DATE:					