

# Emdeon **Payment Manager ERA Setup Form**

Email: [cmenrollments@emdeon.com](mailto:cmenrollments@emdeon.com)

Fax: (615) 340-6099

## 1 Provider Organization

**Client ID (Required)**

Tax ID

NPI ID

Practice/Facility Name

Practice/Facility Address

Street

City

State

Zip Code

Contact Name

Contact Phone Number

## 2 ERA Receiver

Receiver ID

954550547

## 3 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-SKARD-SKMD0-SMMS0-SMMD0\*\*\*\*

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

## 4 Confirmations (Enter E-mail address)

Send Emdeon ERA Setup Confirmations To

Send Additional Emdeon ERA Setup Confirmations To