

Emdeon Eligibility Provider Setup Form

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

1	PROVIDER INFORMATION	CUSTOMER #:		DATE:	
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Provider/Facility Name:		Telephone:	
Street Address:		Contact:	
City/St/Zip:		Tax ID:	
Merchant ID (MID):		Terminal ID (TID):	
		TPG ID	

2	BILLING/VENDOR INFORMATION
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Primary Customer #:		Primary Customer/Vendor Name:	
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3	PRODUCT TYPE
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CHOOSE ONE PRODUCT TYPE	
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4	PAYER INFORMATION
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ALLPAY _____ (ALLPAY = ALLPAYERS EXCEPT PAYERS THAT REQUIRE ADDITIONAL PAYER ENROLLMENT)

NPI INFORMATION (List all applicable NPI ID's)

5	This section is used for enrolling payers that require legacy ids and/or enrollment agreements. Please list Payer Name and Provider ID. http://www.emdeon.com/enrollment/realtimeforms.php
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PAYER NAME	PROVIDER ID	PAYER NAME	PROVIDER ID

6	CONFIRMATION
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Confirmation of Setup sent to: (ENTER EMAIL ADDRESS)	
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Confirmation of Setup sent to: (ENTER EMAIL ADDRESS)	
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Submit Completed Forms to:	E-mail: RTenrollment@emdeon.com	CONFIG CODE:	
	Fax: 615-885-3713	(INTERNAL USE ONLY)	