# Emdeon ERA Provider Setup Form

## 1 Provider Organization

| Practice/Facility Name | |
|---|---|

| Tax ID | | Billing NPI ID | |
|---|---|---|---|

| Practice/Facility Address | | | | | |
|---|---|---|---|---|---|
| | City | | State | | Zip Code |

| Contact Name | | Contact Phone Number | |
|---|---|---|---|

| Provider Email | |
|---|---|

## 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 (Must list one method) | | 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-SKAR0-SKMD0**

| Payer ID | Group ID | Individual ID | NPI ID | Payer ID | Group ID | Individual ID | NPI ID |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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## 5 Confirmations (Enter E-mail address)

| | |
|---|---|
| **Confirmations** (Enter E-mail address) | |

**\*\*Section 1\*\*** Provider Organization section must be fully completed with Facility/Provider information, failure to complete all fields may result in form rejections. **Do not** list Vendor or Billing Service information. ERA payer enrollment requires that this information be that of the Facility/Provider as multiple payers will contact the Facility/Provider contact to confirm enrollment. These payers will not accept the confirmation of enrollment from Vendors or Billing Services. Billing NPI is **required** to complete enrollment.

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