

# 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		Billing NPI	
Address		City/State		Zip Code	
Contact First Name		Contact Last Name		Title	
E-mail Address		Telephone		Fax	

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

Vendor Name		Submitter ID	
Contact First Name		Contact Last Name	Title
E-mail Address		Telephone	Fax

## 3 ERA Receiver

Receiver ID		Who will be receiving the ERA?			
Distribution Method <small>(Check only one)</small>	Emdeon Office Mail to:	NDM S Node Name:	FTP Internet Log In ID:	FTP Dial-up TSO ID:	GTEDS or ITS TSO ID:
Do you want your ERA file split?	Yes No	How?			
Format requested			4010	4010A	( ) Specify

## 4 Payer *(If additional rows are required for payer ID selection, complete additional ERA Provider Setup Forms.)*

Payer ID	Group ID	Individual Provider ID	Payer ID	Group ID	Individual Provider ID

## 5 Confirmations

Send Emdeon ERA Setup Confirmations To:	
Send Additional ERA Setup Confirmations To:	