

Emdeon ePayment Enrollment and Authorization Form

Instructions

Providers can switch from paper to electronic payments by enrolling in Emdeon ePayment in four easy steps! If you have questions about this Emdeon ePayment Enrollment and Authorization Form, can't locate your username or password for the Emdeon ePayment Online Enrollment Tool or if you need help accessing Emdeon Payment Manager, please call **866.506.2830** and select option 1.

Step 1 - Pick an Enrollment Method and Initiate Enrollment

You have two options for enrollment. You can enroll online or simply submit the Emdeon ePayment Enrollment and Authorization Form and return it via email. This form is designed for small provider organizations that have a single Tax ID, NPI and Bank Account. Larger provider organizations, that need to enroll with more than one Tax ID, NPI or Bank Account should enroll online.

How to Enroll Online (Recommended)

Complete the Emdeon ePayment Enrollment and Authorization form at www.emdeon.com/eft. After your information is verified, you will receive an email with your account information and instructions for completing your enrollment.

How to Submit the Emdeon ePayment Enrollment and Authorization Form by Email

This Emdeon ePayment Enrollment and Authorization Form includes form fields enabling you to complete it using your computer online and insert a digital signature. Email your completed Emdeon ePayment Enrollment and Authorization Form as an attachment to EFTEnrollment@Emdeon.com.

Step 2 - Confirm Deposit to Verify Account

Once you have completed the enrollment process, Emdeon will make a small deposit in your designated bank account with the reference note "EFT Enroll". After this has been deposited into your designated account, please call **866.506.2830** for verification purposes. Upon confirmation of the deposit amount, if you are an existing Payment Manager user, your services will be enabled under the assigned account. If you are a new Payment Manager user, you will be given a username and password for your new account.

Step 3 - Start using Emdeon Payment Manager to Search, View, Download and Print ERAs

You may access Emdeon Payment Manager <https://www107.medi.com/Portal/AccountLogin.faces> to search, view and print your payment and remittance advice for participating Payers. To see a quick tour of Emdeon Payment Manager, visit <http://www.emdeon.com/support/demos/paymentmanager/>.

Providers that utilize a software vendor for ERA delivery may need to request your vendor enroll with Emdeon.

Step 4 - Contact your Financial Institution to Receive the CCD+ Reassociation Number

To reassociate payments and ERAs, a CCD+ Reassociation Number has been created and passed to your financial institution. To begin receiving this number, you must contact your financial institution and request it

To resolve a late or missing payment or ERA, please contact the EFT enrollment team at **866.506.2830**.

For a complete list of EFT enabled payers, please visit our [Payer List](#).

Attachment I: Provider Information

Check here if you are updating existing enrollment information.

Provider Information	
Provider Name	
Doing Business As Name (DBA)	
Provider Address	
Street	
City	
State/Province	
Zip Code/Postal Code	
Country Code	

Provider Identifiers Information	
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	
National Provider Identifier (NPI)	

Other Identifier(s)		
	Assigning Authority	Trading Partner ID
65093	Advocate Health Partners	
13334	Affinity	
27514	Amerigroup	
77002	AmeriHealth District of Columbia	
22248	AmeriHealth Mercy Health Plan	
77001	AmeriHealth Northeast LLC	
22355	AmeriHealth VIP Care	
52312	Arbor Health Plan	
SB580	CareFirst	
65391	CBHNP- Amerihealth	
35112	Employee Plans, LLC	
37510	First Choice VIP Care	
26492	Florida True Health, Inc.	
99208	Hawaii Medical Assurance Association (HMAA/HWMG)	
11324	Health Plus	
11328	Healthcare Partners IPA	
22326	Horizon NJ Health	
23284	Keystone Mercy Health Plan	
84223	Keystone VIP Choice	
27357	LA Care	
20475	MDWise Hoosier Alliance	
EM350	Med3000 CMS Early Steps	
EM284	Med3000 CMS Safety Net	
EM843	Med3000 CMS Title 19 Reform	
EM205	Med3000 CMS Title 21	

List continues on the next page

Other Identifier(s)

Assigning Authority		Trading Partner ID
EM039	Med3000 Pedicare Title 19	
EM522	Med3000 Pedicare Title 21	
56205	MedCost Benefit Services (MBS)	
04332	Network Health	
61129	Passport Health Plan	
TH131	Physicians United Plan	
72261	SCAN Health Plan	
23285	Select Health of South Carolina	
63114	Viva Health	
62153	Windsor Medicare Extra	

License Number	
License Issuer	
Provider Type	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Pharmacy
Provider Taxonomy Code	

Provider Contact Information

Provider Contact Name	
Title	
Telephone Number	
Telephone Number Extention	
Email Address	
Fax Number	

Provider Agent Information

Provider Agent Name	
Provider Agent Address	
Street	
City	
State/Province	
Zip Code/Postal Code	
Country Code	
Provider Agent Contact Name	
Provider Agent Contact Title	
Telephone Number	
Telephone Number Extention	
Email Address	
Fax Number	

Retail Pharmacy Information

Pharmacy Name	
Chain Number	
Parent Organization ID	
Payment Center ID	
NCPDP Provider ID Number	
Medicaid Provider Number	

Financial Institution Information

Financial Institution Account # I

Financial Institution Name	
Financial Institution Address	
Street	
City	
State/Province	
Zip Code/Postal Code	
Financial Institution Telephone Number	
Telephone Number Extention	
Financial Institution Routing Number	
Type of Account at Financial Institution	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Provider's Account Number with Financial Institution	
Account Number Linkage to Provider Identifier	<input type="checkbox"/> Provider Tax Identification Number (TIN)
	<input type="checkbox"/> National Provider Identifier (NPI)

Emdeon ePayment Enrollment and Authorization Form Acknowledgement

By signing below, Provider acknowledges that the provider has read, agrees that it is subject to and agrees to comply with the Emdeon General Terms and Conditions, the Business Associate Terms, the ePayment Services Addendum and the Privacy Policy for Emdeon.com. To view the Emdeon General Terms and Conditions, the Business Associate Terms and the ePayment Services Addendum please visit:

www.emdeon.com/epayment/terms. To view the Privacy Policy for Emdeon.com, please visit www.emdeon.com/privacy. In addition, by signing below, Provider represents and warrants that all of the information that it is providing to Emdeon is accurate and complete. In furtherance of the ePayment Services, Provider authorizes Envoy LLC or one of its Affiliates to initiate ACH debit and credit entries to the above account(s) at the above depository financial institution(s). Provider acknowledges that the origination of ACH transactions to the above account(s) must comply with the provisions of U.S. law. Provider also acknowledges that in the provision of the ePayment Services, the Provider's enrollment information will be made available to the Payers making payment to the Provider through the ePayment Services.

If Provider desires to revoke or modify the authority of any Authorized Representative or add additional Authorized Representatives, Provider must execute and deliver to Emdeon a new Attachment 2. Letters or other forms of communications will not be accepted. Any subsequent Attachment 2 supersedes any previously submitted Attachment 2. **CURRENT AUTHORIZED REPRESENTATIVES NOT ON THE NEW ATTACHMENT WILL NOT BE RECOGNIZED.**

Please check the box below if you have elected to receive payments from Direct Payment Payers.

I hereby authorize Direct Payment Payer(s) to initiate ACH credit and debit entries to the account(s) listed in Attachment 3 for all benefits payments. Provider acknowledges that the origination of ACH transactions to the above accounts must comply with the provisions of U.S. law. This agreement will remain in effect until I notify the Direct Payment Payer(s) of the desire to cancel or change this service or until I am notified by Direct Payment Payer(s) that this service has been terminated. I understand I must allow reasonable time for my instructions to be executed.

As required by 42 C.F.R. 455.18 and 455.19, I understand in accepting electronic payment that such payment may be from Federal and State Funds and any falsification or concealment of a material fact may be prosecuted under Federal law.

IN WITNESS WHEREOF, the parties have caused this Emdeon ePayment Enrollment and Authorization Form to be executed by their respective duly authorized representatives.

Submission Information

Reasons for submission	<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change Enrollment	<input type="checkbox"/> Cancel Enrollment
Authorized Signature			
Printed Title of Person Submitting Enrollment			
Submission Date			
Requested EFT Start / Change / Cancel Date			

Table I: Direct Payment Payers

The payers listed below are offering to distribute EFT payments directly to you and not through Emdeon. If you select a payer below, that payer will pay you directly and Emdeon shall not be involved in any of their payment transactions. As such, Emdeon makes no representations or warranties regarding the payment services provided by the payers set forth below.

Check Below to Enroll	Payer ID	Payer Name	Additional Provider ID Required/Optional (R/O)	Additional Requirements	LOB
<input type="checkbox"/>	60054	Aetna	NPI - (R)	Provide a voided check or banking letter (Photocopies are acceptable). Ensure the routing and account information on the check matches the bank account you designate to receive EFT payments from Aetna. If you are providing a banking letter instead of a voided check, please ensure it is printed on your bank's letterhead and includes your routing number, account number, the account holder's name and is signed by an authorized bank representative.	M
<input type="checkbox"/>	27514	Amerigroup	Legacy PIN – (R)	Providers must enroll using Amerigroup assigned Provider Identification Number. ERA is only available with EFT enrollment.	M, H
<input type="checkbox"/>	SB580	CareFirst	NPI – (R) and Provider Group Number	Providers must enroll or be enrolled for Electronic Remittance Advice (ERA) when selecting CareFirst EFT. Are you currently setup for ERAs with CareFirst? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are not yet enrolled and want to enroll for both ERA and EFT from CareFirst please check the following box. <input type="checkbox"/> (You will receive CareFirst ERAs through Emdeon if this box is checked.)	M, H
<input type="checkbox"/>	25133	Coventry Health Care	Tax ID - (R), NPI - (O)	Does the bank account you listed apply to all facilities/providers under this Tax ID? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please specify names and NPIs that should be set up for EFT.	M, H
<input type="checkbox"/>	61101	Humana Inc.	N/A	Providers must enroll or be enrolled for Electronic Remittance Advice (ERA) when selecting Humana EFT. Are you currently setup for ERAs with Humana? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are not yet enrolled and want to enroll for both ERA and EFT from Humana please check the following box. <input type="checkbox"/> (You will receive Humana ERAs through Emdeon if this box is checked.)	M, H
<input type="checkbox"/>	74289	MHNet	Tax ID - (R), NPI - (O)	Does the bank account you listed apply to all facilities/providers under this Tax ID? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please specify names and NPIs that should be set up for EFT.	M, H