

Emdeon ePayment Enrollment and Authorization Form

Instructions

Providers can switch from paper to electronic payments by enrolling in Emdeon ePayment in three easy steps! If you have questions about this Emdeon ePayment Enrollment and Authorization Form, can't locate your username or password for the Emdeon EFT 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 several options for enrollment. You can enroll online, or simply complete the Emdeon ePayment Enrollment and Authorization Form and return it to Emdeon by email, mail or fax to complete your enrollment. Please note, you only need to return pages 2-8 of the Emdeon ePayment Enrollment and Authorization Form. Below includes detailed instructions for each enrollment method.

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 including setting your Payer preferences and adding bank accounts.

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

This Emdeon ePayment Enrollment and Authorization Form includes form fields enabling you to (optionally) 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.

How to Enroll by Fax

Fax your completed Emdeon ePayment Enrollment and Authorization Form to **615.238.9615**.

How to Enroll by Mail

Mail your completed Emdeon ePayment Enrollment and Authorization Form to:

Emdeon Electronic Payment Service Enrollment Request
P.O. Box 148850
Nashville, TN 37214

Step 2 - Confirm Deposit to Verify Account

Once you have completed enrollment, 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://www.107.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/>.

Attachment I: Billing Provider Information

If you require additional space to add Providers, please reprint or copy this Emdeon ePayment Enrollment and Authorization Form. On subsequent pages, please ensure that the Billing Provider numbering is changed.

Please note: The information you provide on Attachments I-5 will be used to facilitate EFT payments to you for all Payers you elect to participate with.

Check here if you are updating existing enrollment information.

Billing Provider #1 (Please Print or Type)

Full Legal Name	
Federal Tax ID #	
Street Address	
City	
State	
Zip	
Provider Telephone Number	
Provider Fax Number	
Provider Email Address	

Billing Provider #2 (Please Print or Type)

Full Legal Name	
Federal Tax ID #	
Street Address	
City	
State	
Zip	
Provider Telephone Number	
Provider Fax Number	
Provider Email Address	

Billing Provider #3 (Please Print or Type)

Full Legal Name	
Federal Tax ID #	
Street Address	
City	
State	
Zip	
Provider Telephone Number	
Provider Fax Number	
Provider Email Address	

Attachment 2: Authorized Representatives Information

Emdeon will only release information to the authorized individuals listed in this section.

Authorized Representative #1

Name	
Title	
Phone Number	
Email	

Authorized Representative #2

Name	
Title	
Phone Number	
Email	

Authorized Representative #3

Name	
Title	
Phone Number	
Email	

Authorized Representative #4

Name	
Title	
Phone Number	
Email	

Attachment 3: Bank Account Information

If you need to add more than three bank accounts, please reprint this page. On subsequent pages, please ensure that the Bank Account numbering is changed.

For Aetna EFT enrollment only: If you have more than one bank account to enroll, please fill out a separate enrollment form for each account and include a bank letter or voided check for each account.

Bank Account #1	
Bank Name	
Bank Account Owner Name	
Account Type	
Routing Number	
Account Number	

Bank Account #2	
Bank Name	
Bank Account Owner Name	
Account Type	
Routing Number	
Account Number	

Bank Account #3	
Bank Name	
Bank Account Owner Name	
Account Type	
Routing Number	
Account Number	

Attachment 4: List of Enrolled Payers

To simplify enrollment, list ALLTIN in the Payer ID section of Table 1 within Attachment 4 to indicate your enrollment with all currently enrolled Payers that do not require additional information.

Table 2: 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.

Payer ID	Payer Name	Additional Provider ID Required/Optional (R/O)	Additional Requirements	LOB
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
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

Table 3: Payers That Do Not Require Additional Information

Payer ID	Payer Name	LOB
ALLTIN	All currently listed Payers that only require TIN	N/A
22384	Administrative Concepts, Inc	D, M
56071	American Family Insurance Group	M
42011	American Republic World Insurance Group	M
61124	Bluegrass Family Health	M
34097	Central Reserve Life Insurance Company	M
42723	Community First Health Plans	M
71404	Continental General/Provident American Life and Health	M, H
71404	Continental Provident	M
91162	CUP	M
CX035	Dental Care Plus	D
35605	Everence	D, M
49096	FirstCare Health	M, H, D
85362	Foundation for Medical Care of Tulare and Kings Countries	M
64246	Guardian Life Insurance Company	D, M
37111	HCH Administration (IL)	M
77950	Health Alliance Medical Plans	M
41099	John Alden Life Insurance Company	M
52189	John Hopkins Healthcare	M, H
35605	Mennonite Mutual Aid	M, H
86052	Mercy Care	M, H
04332	Network Health	M
R0755	Ohio Benefit Administrators	M
SX158	Paramount Health	M
65088	Preferred Care Partners	M
91184	Sanford	M
27009	Schaller Delaware Physicians	M, H
SX142	South Indiana Health Operations - HMO	M
88019	Teacher's Health Trust	M
76048	Texas Children's Health Plan - CHIP	M
75228	Texas Children's Health Plan - STAR	M
39065	Time Insurance Company	M
69493	Tower Life Insurance Company	D, M
95266	UMR - Harrington	M, H
70408	Union Security Insurance Company	M
37272	Wells Fargo TPA	D, M
75276	World Insurance Company	M

Table 4: Payers That Do Require Additional Information

To simplify enrollment, list ALLNPI in the Payer ID section of Table 1 within Attachment 4 to indicate your enrollment with all currently enrolled Payers that do not require additional information.

Payer ID	Payer Name	Additional Provider ID Required/Optional (R/O)	LOB
ALLNPI	All currently listed Payers that require TIN + NPI	NPI – (R)	N/A
CX097	Access Dental	NPI – (R)	D
65093	Advocate Health Partners	Legacy ID – (R)	M
13334	Affinity	Legacy ID – (O)	M
75137	AmeriBen	NPI – (R)	M
27514	Amerigroup	Legacy PIN – (R)	M, H
22248	AmeriHealth Mercy Health Plan	Legacy ID – (R)	M
52312	Arbor Health Plan	Legacy ID – (R)	M
77307	Blue Cross Blue Shield of Vermont	NPI – (R)	M, H
52192	Bravo Health	NPI – (R)	M
75190	CareFirst Administrators/NCAS	NPI – (R)	M, H
65391	CBHNP- Amerihealth	Legacy ID – (O)	M, H
35112	Employee Plans, LLC	Legacy – (R)	M, H, D
26492	Florida True Health, Inc	NPI – (R), Payee ID – (R)	M
58086	GAFRI	NPI – (R)	M, H
54028	Genworth Wakely LOB	NPI – (R)	M, H
99208	Hawaii Medical Assurance Association (HMAA/HWVG)	Legacy ID – (O)	D, M
11324	Health Plus	Legacy ID – (R)	M
11328	Healthcare Partners IPA	Legacy ID – (R)	M
22326	Horizon NJ Health	Legacy ID – (R)	M
SX073	Independent Health	Providers – Tax ID – (R) Pharmacy – Payee ID – (R)	M
23284	Keystone Mercy Health Plan	Legacy ID – (R)	M
27357	LA Care	Legacy ID – (R)	M, H
20475	MDWise Hoosier Alliance	Legacy ID – (R)	M
74323	MedBen	NPI – (O)	M, H, D
61129	Passport Health Plan	Legacy ID – (R)	M
TH131	Physicians United Plan	Legacy ID – (O)	M
CX078	Premier Dental	Providers – NPI – (R) Brokers – Agency ID – (R)	D
72261	SCAN Health Plan	Vendor ID – (R)	M, H, D
LIFE1	Secure Horizons Lifeprint Arizona	NPI – (O)	M
23285	Select Health of South Carolina	Legacy ID – (R)	M
76342	Sierra Health Services	NPI – (R)	M
67829	Sterling Life	NPI – (R)	D, M
74214	TML Intergovernmental Employee Benefits	NPI – (R)	D, M
38337	Upper Peninsula Health Plan	NPI – (R)	M
62153	Windsor Medicare Extra	Vendor ID – (R)	M, H
26335	Zepherella	NPI – (O)	M

Legend

- Legacy ID – (R) indicates the Legacy ID (payer assigned provider ID) is required by the payer
- Legacy ID – (O) indicates the Legacy ID (payer assigned provider ID) is not required by the payer
- NPI – (R) indicates the National Provider ID is required by the payer
- NPI – (O) indicates the National Provider ID is not required by the payer
- Brokers – Agency ID – (R) indicates the agency ID is required for brokers
- LOB: Line of business for which the payer is enabled for EFT with Emdeon
D – Dental M – Medical P – Pharmacy H – Hospital

Attachment 5: Emdeon ePayment Enrollment and Authorization Form Acknowledgement

By signing below, Provider acknowledges that it is read, agrees that it is subject to and agrees to comply with the Emdeon General Terms and Conditions, the Business Associate Terms and the ePayment Services Addendum. To view the Emdeon General Terms and Conditions, the Business Associate Terms and the ePayment Services Addendum please visit: www.emdeon.com/epayment/terms. 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.

Provider	
Name	
Title	
Phone Number	
Email	
Signature	
Date	