



## **Emdeon ePayment Enrollment and Authorization Process**

### **Instructions:**

Print the second and third pages of this enrollment kit, complete each page, and include a **VOIDED CHECK or DEPOSIT SLIP**. You will need to complete and return the following:

- The *Enrollment Authorization Form* (page two);
- Voided check or deposit slip; and,
- The *Provider ID Form* (page three).

**Mail or fax your enrollment materials to the information below:**

#### **To Mail:**

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

#### **To Fax:**

(615) 238-9669

Once you have received your username and password\* please:

**1.** Check your enrolled bank account within five business days, to confirm that a small deposit has been made by Emdeon. For verification purposes the deposit will be from Emdeon with the reference note "EFT Enroll."

**2.** Once you have identified the deposit from Emdeon, log into Emdeon Enrollment Manager ([www.emdeon.com/enrollmentmanager](http://www.emdeon.com/enrollmentmanager)) using your username and password. Then follow the instructions to verify the amount of the deposit.

NOTE: Your EFT account will not be activated until you complete this step. You may access Emdeon Payment Manager as soon as 24 hours after receiving your username and password.

**3.** View and search the Emdeon EFT payer list ([www.emdeonepayment.com](http://www.emdeonepayment.com)).

\*If you did not complete online enrollment, please call **(866)506-2830, and select option #1.**

If you lost or did not receive a username/password, or if you need more information about accessing Enrollment Manager, please call **(866) 506-2830, and select option #2.**

**Thank you,**  
Emdeon Business Services

## Emdeon EFT Enrollment Authorization Form

The undersigned (the "Authorized Individual") hereby certifies that he/she is: (i) a duly designated, appointed and/or elected (circle all that apply) Officer/Director/Member/Partner/Owner/Physician of \_\_\_\_\_ (the "Provider"), (ii) the custodian of the records of the Provider, and (iii) legally authorized to act on behalf of the Provider and to execute this Authorization Form and enroll the Provider in the Emdeon Electronic Payment Service. As such, the Authorized Individual, on behalf of the Provider, hereby enrolls the Provider in the Emdeon Electronic Payment Service and authorizes Emdeon Business Services ("EBS") to initiate credit entries, and if necessary, debit entries and adjustments for any credit entries made in error, to the account and financial institution indicated below (the "Account"). These entries shall be for the payment of claims submitted by the Provider to authorized clients of EBS. This authorization shall remain in full force and effect until EBS has received written notification from the Authorized Individual of its revocation in such time and manner as to afford EBS a reasonable opportunity to implement such revocation. Provider represents and warrants that the information provided herein is true, accurate and complete and that EBS may perform its Electronic Payment Services in reliance thereof. In addition, Provider agrees to indemnify and hold EBS harmless from any and all losses, damages or claims arising from any inaccurate or incomplete data provided herein. The Authorized Individual and the Provider acknowledge and agree that the origination of ACH transactions to the Account must comply with the provisions of U.S. law and that this Authorization Form shall be governed by the laws of the State of Tennessee both as to interpretation and enforcement, without regard to the conflicts of law principles of that State and that any action or proceedings arising in connection with the Authorization Form shall be tried and litigated exclusively in the State and Federal courts located in the County of Davidson, State of Tennessee.

**Authorized Individual:** (please print or type)

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provider:** (please print or type)

**Full Legal Name:** \_\_\_\_\_ **Federal Tax ID #:** \_\_\_\_\_

**National Provider Identifier (NPI #)** \_\_\_\_\_ (if available)

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Provider Telephone Number:** \_\_\_\_\_

**Provider Fax Number:** \_\_\_\_\_

**Provider Email Address:** \_\_\_\_\_

**Facility Type (select one):**

- We are a Physician Practice with 1-15 doctors
- We are a Hospital, Health System or Physician Practice with 16 or more doctors
- The Standard version of Emdeon Payment Manager is included in enrollment.
- Check here if you are interested in Emdeon Payment Manager Deluxe, and a representative will contact you.

**Account:** (please print or type)

**Financial Institution Name:** \_\_\_\_\_

**Branch Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Type of Account:**

- Checking
- Savings

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

- Check here if you are updating an existing enrollment

**FAX COMPLETE FORM TO: (615) 238-9669**

**\*PLEASE INCLUDE A VOIDED CHECK OR DEPOSIT SLIP!\***

# Provider ID Form

**Passport Health Plan** and **Emdeon Business Services** have partnered to offer direct deposit services of your claims payment. Providers interested in receiving electronic payments through Emdeon **are required to submit their Passport Health Plan issued Provider ID Number, on this form** (along with submitting the *Enrollment Authorization Form*).

If you have any questions regarding your Passport Health Plan Provider ID number, please contact **Passport Health Plan Provider Services Department at (800) 578-0775**.

**To complete the enrollment process you will need the following:**

**The Passport Health Plan Payer ID:** 61129

**Your Tax Identification Number:** \_\_\_\_\_

Your **Passport Health Plan** issued **Provider ID Number(s)** for your **interested groups, facilities, or solo practice(s)**. Please do not list individual practitioner ID numbers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_