



P.O. Box 7011 Northridge, Ca 91327-7011 * (818) 368-5501 * www.signatureclaims.net

Provider Sign-up Form Information New York Medicare

Emdeon requires THREE forms to be filled out, two on-line and the faxed in.

Attached directly below these instructions is the form to be faxed in. Fill this out.

The first on-line form is located at
<http://www.ngsmedicare.com/OnlineForms/EDIEnrollmentAgreement.aspx>

Follow the instructions located under the first form.

The second on-line form is located at
<http://www.ngsmedicare.com/OnlineForms/EDIProviderAuthForm.aspx>

On the top of the second form, you want to check the 837 Claims.

Emdeon **Claims** Provider Setup Form

Email: batchenrollment@emdeon.com

Fax: (615) 885-3713

1 Provider Organization

Practice/Facility Name								
Provider Name								
Provider Specialty Code		Tax ID		Site ID				
Practice/Facility Provider Address	Street							
	City		State		Zip Code			
Contact Name				Contact Phone Number				

2 Vendor (Emdeon Certified Vendor used to submit files to Emdeon)

Vendor Name							
Vendor Submitter ID							
Contact Name				Contact Phone Number			

3 Report Method

TSO ID		Communication Protocol/Output					
Report Type	Repository Report Options.pdf Human Read Specs.pdf		Report Format				

4 Payer

M = Medical Commercial Only H = Hospital Commercial Only

Please list additional payers below

Check the Emdeon Payer List to see if additional enrollment is required at: <http://www.emdeon.com/PayerLists/payerlists.php>

Payer ID	Group ID	Individual ID	NPI ID	Payer ID	Group ID	Individual ID	NPI ID

5 Confirmations (Enter E-mail address)

Confirmations (Enter E-mail address)

Emdeon requires setup for all payers listed in the table below; please submit an [Emdeon Claims Provider Setup Form](#), a copy can also be obtained at Emdeon website:

NGS requires **both** the [EDI Enrollment Agreement](#), and the [Provider Authorization Form](#) to be completed for submission of 837 claims.

Emdeon Payer ID	Emdeon Submitter ID	NGS Contractor Code
12M35 NY A	CH0000546	13201
12M04 CT A	CH0000546	13101
12004 VA/WV A	HM01241	00453
12M24 OH A	Z7P6	00332
12M08 IL A	Z7P6	00131
12M09 IN A	Z7P6	00130
12M11 KY A	Z7P6	00160
57011 RHHI CA A	HM05489	00456
12M18 MI A	HM16020	00452
12M29 WI A & FQHC	HM54406	00450
SMNY2 NY B Queens	CHBQ00810	13292
SMNY1 NY B Upstate	CHBU01588	13282
SMNY0 NY B Downstate	CH0000546	13202
SMCT0 CT B	CHBC00638	13102
SMIN0 IN B	ZD9G	00630
SMKY0 KY B	ZD9G	00660

[EDI Enrollment Agreement](#)

837 Claims Enrollment

EDI Enrollment Agreement Form

Criteria: , Region: | [Change Criteria](#)

Provider Name *

Title

Address

City --

Email *

Verify Email *

Phone

Submitter Status *

Submitter ID *

Submitter Name

Submitter Type *

PTAN(s) *

NPI(s)

ENTER EMDEON'S SUBMITTER ID ASSOCIATED TO THE EMDEON PAYER ID

Emdeon Payer ID	Emdeon Submitter ID
12M35 NY A	CH0000546
12M04 CT A	CH0000546
12004 VA WV A	HM01241
12M24 OH A	Z7P6
12M08 IL A	Z7P6
12M09 IN A	Z7P6
12M11 KY A	Z7P6
57011 RHHI CA A	HM05489
12M18 MI A	HM16020
12M29 WI A & FQHC	HM54406
SMNY2 NY B Queens	CHBQ00810
SMNY1 NY B Upstate	CHBU01588
SMNY0 NY B Downstate	CH0000546
SMCT0 CT B	CHBC00638
SMIN0 IN B	ZD9G
SMKY0 KY B	ZD9G

CMS EDI Enrollment Agreement

The Provider agrees to the following provisions for submitting Medicare claims electronically to CMS or to CMS's contractors.

A. The Provider agrees:

- That it will be responsible for all Medicare claims submitted to CMS by itself, its employees, or its agents.
- That it will not disclose any information concerning a Medicare beneficiary to any other person or organization, except CMS and/or its contractors, without the express written permission of the Medicare beneficiary or his/her parent or legal guardian, or where required for the care and treatment of a beneficiary who is unable to provide written consent, or to bill insurance primary or supplementary to Medicare, or as required by state or federal law.
- That it will submit claims only on behalf of those Medicare beneficiaries who have given their written authorization to do so, and to each that required beneficiary signature, or to bill on behalf of those Medicare beneficiaries who have given their written authorization to do so.

I have read and accept the terms of the above agreement.

IMPORTANT: Once you click on the "Submit" button, this form must be printed, signed, dated, then faxed the EDI Enrollment Department. Requests received 30 days past the Signature date will be returned. -- Additional fax information can be found on the printed form.

ACCEPT TERMS

Provider Authorization Form

837 Claims Enrollment

Criteria: , Region: | [Change Criteria](#)

EDI Third-Party Provider Authorization Form

U.S. Department of Health and Human Services

Select Transactions Authorized for this Submitter

ASC X12 837 Claim V4010A1

ASC X12 276/277 Claim Status & Response V4010A1

ASC X12 835 Remittance V4010A1

Submitter and/or Receiver Information

Name: EMDEON

Operating as a: Clearinhouse

Submitter ID:

Street: 3055 LEBANON PIKE STE 1000

City/State/Zip: NASHVILLE TN 37214

Contact Name: ENROLLMENT HELP DESK

Phone Number: 866.924.4634

Email Address: payerregistration@emdeon.com

Verify Email Address: payerregistration@emdeon.com

Provider Information

Name:

Street:

City/State/Zip: -- --

Contact Name:

Phone Number:

Email Address:

Verify Email Address:

PTAN(s):

NPI Number:

Contractor Code: -- Please Select --

SELECT NGS CONTRACTOR CODE

Emdeon Payer ID	Emdeon Submitter ID	NGS Contractor Code
12M35 NY A	CH0000546	13201
12M04 CT A	CH0000546	13101
12004 VA/WV A	HM01241	00453
12M24 OH A	Z7P6	00332
12M08 IL A	Z7P6	00131
12M09 IN A	Z7P6	00130
12M11 KY A	Z7P6	00180
57011 RHHI CA A	HM05489	00456
12M18 MI A	HM16020	00452
12M29 WI A & FQHC	HM54406	00450
SMNY2 NY B Queens	CHBQ00810	13292
SMNY1 NY B Upstate	CHBU01588	13282
SMNY0 NY B Downstate	CH0000546	13202
SMCT0 CT B	CHBC00638	13102
SMINO IN B	ZD9G	00630
SMKY0 KY B	ZD9G	00660

Submit

Note: After completing the form on-line and printing it, be sure to sign it, date it and fax it to EDI Customer Support at 502-423-2356. A copy of the completed request should be retained for your records. **You will be notified via email by NGS EDI Enrollment when your setup request is completed.**