



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

Provider Sign-up Form Information
Medicare for: Alaska, Arizona, Idaho, Iowa,
Minnesota, Montana, North Dakota, Oregon, South
Dakota, Utah, Washington, and Wyoming.

You will need to use the web and go to
<https://noridian.totalonboarding.com/Account/Login>

You will need to sign into their system.
Under REGISTRATION go to registration forms.
You need to fill out the EDISS Registration Form, on-line.

For the clearinghouse information, use the following:

for Vender#, put in CH00251

Name: Signature Claims
Address: PO Box 7011
Northridge, CA 91327-7011
Contact: Bill Greenland
Phone: (818) 368-5501
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