



**Emdeon ePayment
Enrollment and Authorization Form**

INSTRUCTIONS:

Print the authorization form on the second page of this document, complete and include a **VOIDED CHECK or DEPOSIT SLIP**. **MAIL OR FAX** the authorization form and the voided check or deposit slip to the address below.

PLEASE MAIL (OR FAX) TO THE FOLLOWING ADDRESS IN ORDER TO COMPLETE ENROLLMENT:

MAKE SURE TO INCLUDE A VOIDED CHECK OR DEPOSIT SLIP!

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

**IF FAXING:
615-238-9669**

Once you have received your username and password*:

1. Within five business days, check your enrolled bank account to confirm that a small deposit has been made in your account by Emdeon for verification purposes (deposit will be from Emdeon with the reference note "EFT Enroll").
2. Log onto Emdeon Enrollment Manager (www.emdeon.com/enrollmentmanager) using your username and password; follow the instructions for verifying the amount of the deposit. NOTE: Your account will not be activated for Electronic Funds Transfer (EFT) until you complete this step. However, after 24 hours of receiving your username and password, you may access Emdeon Payment Manager (www.emdeon.com/paymentmanager).
3. View/search the Emdeon EFT payer list by visiting www.emdeonepayment.com

*If you did not complete online enrollment, please call **1-866-506-2830, 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 **1-866-506-2830, and select option #2**.

**Thank you,
Emdeon Business Services**

**Emdeon Electronic Payment Service
Enrollment and 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

PLEASE FAX TO THE FOLLOWING NUMBER IN ORDER TO COMPLETE ENROLLMENT:

615-238-9669

MAKE SURE TO INCLUDE A VOIDED CHECK OR DEPOSIT SLIP!

EFT Enrollment Instructions Continued....

Keystone Mercy and Emdeon Business Services have partnered to offer you direct deposit services for your claims payment. Providers interested in receiving electronic payments from Emdeon **are required to submit their Keystone Mercy-issued Payee ID number, on this form**, along with the Emdeon EFT authorization form.

If you have any questions regarding your Keystone Mercy-issued Payee ID number, please contact Keystone Mercy's Provider Services Department at (800) 521-6007.

To complete the enrollment process you will need the following:

Keystone Mercy's Payer ID is: 23284

Your Tax Identification Number: _____

The Keystone Mercy-issued Payee ID Number(s) for those providers interested in receiving electronic payments:

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |