

# CareSource

**Complete form and Email or FAX original to:**

**Email:**

gatewaycenter@enshealth.com

**Fax: (719) 785-5290**

**Blank forms may be copied.**

Call LTC at 888-941-8967 if you have questions.

# Emdeon **Claims** Provider Setup Form

Email: [gatewaycenter@enshealth.com](mailto:gatewaycenter@enshealth.com)  
 Fax: (719) 785-5290

## 1 Provider Organization

Practice/ Facility Name		Provider Name		NPI	
Provider Specialty Code		Tax ID		Site ID	
Address		City/State		Zip Code	
Contact First Name		Contact Last Name		Title	
E-mail Address		Telephone		Fax	

## 2 Vendor *(Emdeon certified vendor used to submit files to Emdeon)*

Vendor Name	Electronic Network Systems, Inc			Submitter ID	841162764
Contact First Name	BJANA	Contact Last Name	SANTANA	Title	None
E-mail Address	Enrollments@enshealth.com	Telephone	719-277-7545	Fax	877-630-2064

## 3 Product Type

TSO ID	F042	Communication Protocol /Output	K = PK Zipped/CommServer, FTP, ITS, VPN		
Report Type		POSI Direct Cust # /User ID			
Report Format	PRINT READABLE	Paper Claims Mailed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

## 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 <http://www.emdeon.com/PayerLists/payerlists.php>

Payer ID	Group ID	Individual Provider ID	Payer ID	Group ID	Individual Provider ID
M 31114			M 31114		
M 31114			M 31114		
M 31114			M 31114		
M 31114			M 31114		
M 31114			M 31114		

## 5 Confirmations

Send Emdeon Claim Setup Confirmations To:	Vendor - Section 2
Send Additional Claim Setup Confirmations To:	VENDOR

Emdeon Internal Use Only

Division ID: \_\_\_\_\_ Account ID: \_\_\_\_\_ Master Account ID: \_\_\_\_\_