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## Change of Vendor Procedures for Claims

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\* If your current Site Id is changing a Change of Vendor letter is **NOT** required\*  
If you are unsure of your Site Id Please Contact your Vendor(s).

A “change of vendor” (COV) letter is required when an existing Emdeon provider/site changes software vendors. The letter is required when the provider/site changes from their existing Emdeon certified software vendor (submitter id) to a different Emdeon certified software vendor submitter id.

Any new enrollment sent to Emdeon that requires a Change of Vendor (COV) letter will be considered incomplete without the accompanying letter. Emdeon will notify the provider/site if the “change of vendor” letter is required.

Following are steps required for a provider/site to change Emdeon certified software vendors:

Step #1 Complete a Change of Vendor letter using the template provided below.

**THE LETTER MUST BE ON THE PROVIDER/SITE’S LETTERHEAD AND CONTAIN ALL INFORMATION LISTED IN THE BELOW TEMPLATE.**

Step #2 Sign the Change of Vendor letter. The letter must be signed by an authorized representative from the provider/site.

Step #3 Email to [batchenrollment@emdeon.com](mailto:batchenrollment@emdeon.com) or fax or mail the Change of Vendor letter

**ATTN: BATCH SETUP & ENROLLMENT DEPT**

FAX: (615) 885-3713

Emdeon Enrollment Department

3055 Lebanon Pike Ste 1000

Nashville, TN 37214

**This COV must be attached to a Provider Set-Up Form (PSF)**  
<http://www.emdeon.com/enrollment/index.php> - Emdeon Set-Up Forms

Step #4 Do not submit claims for 5 business days after the acknowledgement from Emdeon is received.

Step #5 Emdeon will make the change in the appropriate Emdeon systems and send confirmation to the individual indicated on the letter when the new set up is complete. Confirmation will be sent within 5 business days.

# **This letter MUST be on the letterhead for Practice/Provider requesting this change!**

*Please do NOT alter the Change of Vendor Letter. If this form is altered it will be rejected.*

[Date]

Emdeon Enrollment Department  
Attn: Enrollment Department – Set Up  
3055 Lebanon Pike Ste 1000  
Nashville TN 37214

Dear Emdeon

I would like to start submitting my electronic claims through Emdeon Business Services using [Name of new vendor here].

Currently, I am submitting through [Name of 'old ' vendor here]. I [would/would not] like to send our electronic claims through both vendors.

Please accept this letter as my request to change vendors. Following is specific information regarding my practice:

Name: [Name of Doctor]  
Practice: [Name of Practice]  
Address: [Address of Practice]  
[City, State, Zip]  
Phone #: [Phone number of Practice]  
Contact: [Contact at Practice]  
Email Address: [Email of contact at Practice]  
Tax Id: [Tax Id of Practice]

I will not submit claims for a period of 5 business days upon notification from Emdeon acknowledging receipt of this letter. This period of time will allow Emdeon to make this change in the appropriate Emdeon systems. When the change is completed, I will receive a confirmation from Emdeon which will notify me that I can submit claims. Please send acknowledgement of receipt and confirmation of set up to my attention via [email, or fax]. I understand testing may be involved for the new set up.

If you have any questions or need additional information, please contact me at [(XXX) XXX-XXXX].

Sincerely,

[Your Signature]  
[Your Name]  
[Your Title]

# Emdeon **Claims** Provider Setup Form

Email: [batchenrollment@emdeon.com](mailto:batchenrollment@emdeon.com)

Fax: (615) 885-3713

## 1 Provider Organization

Practice/Facility Name				Billing NPI		
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			Report Format			

## 4 Payer

M = Medical  H = Hospital

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)