



Change Healthcare ePayment

Enroll today ,you can switch from paper to electronic payments over the phone, online through mail or via fax. Replace paper-based claims payments with electronic (EFT) payments that are directly deposited into your bank account

VNSNY CHOICE has selected Change Healthcare as its electronic payment and remittance reporting provider. There is no cost to you to use Change Healthcare ePayment and enrollment is free!

Get paid faster with EFT payments

With Change Healthcare ePayment, you can accelerate your reimbursement cycle since you don't have to wait for your checks to arrive in the mail. Plus, it eliminates manual processes like sorting and opening mail, reconciling paper-based claims payments, creating deposit tickets and making trips to the bank.

Simplify reconciliation with Electronic Remittance Advice (ERA)

Using Change Healthcare Payment Manager, an online application available for Change Healthcare ePayment users, you can also search, view and print human-readable images of the ERA. Change Healthcare Payment Manager also provides access to downloadable HIPAA-formatted 835 ERA files from Change Healthcare ePayment enrolled payers to simplify payment posting.

Medical Providers:

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Simplify Reconciliation Using the Trace Reassociation Number (TRN) Segment

Ever felt that matching your Electronic Remittance Advice (ERA) and EFT with the outstanding amount owed in your patient account system isn't always easy? At Change Healthcare, we're here to help! With your assistance, we can start providing a tracking code that you can use to match all of these together.

Visit <http://www.emdeon.com/epayment/trace/index.php> to learn more!

Medical Providers:

Online

Enroll online at Emdeon.com/eft

Download the enrollment form at:

Emdeon.com/e-payment/enrollment.

Fax

Fax: 615.238.9615

Mail

send complete form to:

Change Healthcare

(Attention: Change Healthcare Electronic Payment Service Enrollment)

P.O. Box 148850

Nashville, TN 37214

Helpful Hints for a Change Healthcare E-Payment Enrollment

- Supply your Vendor ID(s) in the Provider ID field
- Review all terms and authorization forms prior to submitting them to Change Healthcare