

ADDENDUM TO ELECTRONIC REMITTANCE
ENROLLMENT FORM
FOR BILLING SERVICES AND CLEARINGHOUSES

I hereby authorize EMDEON to receive Electronic Remittances
BILLING SVC./CLEARINGHOUSE

on my behalf. I understand that Electronic Remittances contain payment information concerning my processed Medicare Part B claims. I am authorized to endorse this addendum on behalf of my company, and I acknowledge that it is my responsibility to notify Palmetto GBA in writing if I wish to revoke this authorization.

Provider Number / Group ID	National Provider Identifier (NPI)
Company Name	ER1445 ERN ID (Billing Svc./Clearinghouse)
Address	Name/Title (Please Print)
City/State/Zip	Phone
E-mail Address	Signature
	Date

Submit completed form to: Railroad Medicare EDI
PO Box 10066
Augusta, GA 30999