

# Emdeon **Claims** Change & Delete Form

Email: [batchenrollment@emdeon.com](mailto:batchenrollment@emdeon.com)  
 Fax: (615) 885-3713

## 1 Current Enrollment Information

Practice/ Facility Name		Provider Name			
Submitter ID		Tax ID		Site ID	
Address		City		State/Zip	
Phone		Email		TSO	

## 2 Confirmations

Send Emdeon Claim Change/Delete Confirmations To:	
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## 3 Changes/Deletions to Current Enrollment Information

Section of PSF	Specific Field of PSF	Change or Delete	New Information
Provider Organization			
Vendor			
Product Type			
Payer			