



Remote EMR Access Service Registration Form

This communication applies to the Commercial, Medicaid, and Medicare Advantage programs from Anthem Blue Cross and Blue Shield (Anthem) in Kentucky.

Instructions: Complete all fields below and email this form along with any other required documents based on your answers below to Centralized_EMR_Team@anthem.com.

Provider facility:
Street address:
City, State, ZIP code:
Phone:
Fax:
Office email:
Website:
TIN(s):
NPI number:
Insurance accepted: (Select all that apply.) <input type="checkbox"/> Commercial <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid
EMR system name:
Access forms required? (If yes, send forms when returning this document): <input type="checkbox"/> Yes <input type="checkbox"/> No
Provider list/roster available? (If yes, send forms when returning this document): <input type="checkbox"/> Yes <input type="checkbox"/> No
Location list/roster available? (If yes, send forms when returning this document): <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact name:
Contact email:
Contact phone:
IT contact email (if different than above):
IT contact phone (if different than above):
Any providers or locations affiliated with your group but not in the EMR system? <input type="checkbox"/> Yes <input type="checkbox"/> No
Optional comments: