



## Remote EMR Access Service Registration Form

*This communication applies to the Medicaid program from Anthem Blue Cross Blue Shield Healthcare Solutions, the Medicare Advantage, and Commercial programs from Anthem Blue Cross and Blue Shield (Anthem) in Nevada.*

**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](mailto: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: