

Emdeon Signature Form

Please Mail Original to:
Emdeon
Attention: Client Services
3183 Rider Trail South
St. Louis, MO 63045

Date: _____

Client Name: Network Health

Client No: 6453

Group Name: _____

Group No: _____ (completed by Network Health)

Signer's Name: _____ (please print)

Signature Collection Form

- You must use a black, fine-point felt tip pen
- Only one signer (sign same name four times) per form
- All four samples must be signed
- Stay within the box, anything outside of the box will be truncated
- Do not fold this document – return mail in flat

Sample Signature 1

Sample Signature 2

Sample Signature 3

Sample Signature 4