

EFT/ACH Credit Authorization Form Instructions

Authorization Agreement for Electronic Payments (ACH Credits)

Please note that you must be signed up to receive your Remittance Advice (RA) electronically in order to be enrolled with direct deposit. There are two available options for you to do so: via EDI 835 transaction – Electronic Remittance Advice, or via the Provider Web Portal, by downloading your RAs in PDF format.

Once you have enrolled with EFTs, you will no longer be receiving paper RAs via mail.

If you are not yet enrolled to receive your RAs electronically, or if you have other questions, please contact the Provider Services Web & EDI Specialist at (831) 430-5518 or our main Provider Services line at (831) 430-5504.

All fields are required.

PROVIDER INFORMATION	
Provider Name	Complete legal name of institution, corporate entity, practice or individual provider.
Doing Business As Name (DBA)	A legal term used in the United States meaning that the trade name, or fictitious business name, under which the business or operation is conducted and presented to the world is not the legal name of the legal person (or persons) who actually own it and are responsible for it.
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.
National Provider Identifier (NPI)	A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10- position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.
Provider Address - Street	The number and street name where a person or organization can be found.
City	City associated with provider address field.
State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.

ZIP Code/Postal Code	System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities.
Provider Contact Name	Name of a contact in provider office for handling EFT issues.
Telephone Number	Associated with contact person.
Email Address	An electronic mail address at which the health plan might contact
FINANCIAL INSTITUTION INFORMATION	
Financial Institution Name	Official name of the provider's financial institution.
Financial Institution Address - Street	Street address associated with receiving depository financial institution name field.
City	City associated with receiving depository financial institution address field.
State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.
ZIP Code/Postal Code	System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities.
Financial Institution Routing Number	A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited.
Type of Account at Financial Institution	The type of account the provider will use to receive EFT payments (Checking or Savings).
Provider's Account Number with Financial Institution	Provider's account number at the financial institution to which EFT payments are to be deposited.
Account Number Linkage to Provider Identifier	Provider preference for grouping of claim payments – must match preference for v5010 X12 835 remittance advice (by TIN or by
SUBMISSION INFORMATION	
Reason for Submission	Select New Enrollment, Change Enrollment, or Cancel Enrollment.
Include with Enrollment Submission	Please include one of the following items for verification purposes with your enrollment request: <u>Voided Check</u> : A voided check is attached to provide confirmation of <u>Identification/Account Numbers</u> . <u>Bank Letter</u> : A letter on bank letterhead that formally certifies the
AUTHORIZED SIGNATURE	
Written Signature of Person Submitting Enrollment	The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment.
Submission Date	The date on which the enrollment is submitted.