

## EFT (Electronic Funds Transfer) and ERA (Electronic Remittance Advice) Enrollment Form

## **INSTRUCTIONS**

- » This is a fillable form. Information can be typed into the form on your screen, or print the form and fill in the information.
- » Complete all sections that apply to your enrollment choice (EFT, ERA, or both EFT and ERA).
- » Enrollments are handled at the TAX ID level. All NPIs associated with the specified TIN will be automatically enrolled.
- » If your TAX ID would like to receive payments via more than one bank account, please contact EDI@EchoHealthinc.com.
- » E-sign, or print and manually sign form. Mail, fax or email (secure email is recommended) your completed enrollment form to ECHO Health, Inc.
- » For information about the status of your enrollment, or for any other questions, please contact ECHO at 440-835-3511 or EDI@EchoHealthinc.com.

(Complete legal name of institution, corporate entity, practice or individual provider)  Street:  (The number and street name where a person or organization can be found)  City:  State/ Province:  (ISO-3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.)  3-Provider Identifiers Information  Provider 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)  Does provider have a National Provider Identifier (NPI):  (A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use NPIs in the administrative numbers of onot carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI in numbers to an other carry organization in the Islandard. The NPI is organization in the Islandard in the Islandard and inancial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means tha numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI numbers are such as the state in which they live or their medical specialty. The NPI numbers are such as the state in which they live or their medical specialty. The NPI numbers are such as the state in which they live or their medical specialty. The NPI numbers are such as the state in which they live or their medical specialty. The NPI numbers are such as the state in which they live or their medical specialty. The NPI numbers are such as the state in which they live or their medical specialty. The NPI numbers are such as the state in which they live or their medical specialty. The NPI numbers are			(Plea	ase specify only	y one Payer per form)
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4-Provider Contact Information					
Provider Contact Name:					
(Name of contact in provider office for handling EFT issues)					
Telephone Number: E-mail Address:					
(Associated with contact person) (An electronic mail address at which the health plan might contact the provider)					
( ······· , · · · · · · · · · · · · · ·					
4A-Provider Contact Information					
Provider Contact Name:					
(Name of contact in provider office for handling ERA issues)					
Telephone Number: E-mail Address:					
(Associated with contact person) (An electronic mail address at which the health plan might contact the provider)					
5-Provider Agent Information (If Applicable)					
Provider Agent Name:					
(Name of provider's authorized agent)					
Provider Agent Contact Name:					
(Name of contact in agent office for handling EFT issues)					
Telephone Number: E-mail Address:					
(Associated with contact person) (An electronic mail address at which the health plan might contact the provider)					
5A-Provider Agent Information (If Applicable)					
Provider Agent Name:					
(Name of provider's authorized agent)					
Provider Agent Contact Name:					
(Name of contact in agent office for handling ERA issues)					
Telephone Number: E-mail Address:					
(Associated with contact person) (An electronic mail address at which the health plan might contact the provider agent)					
6-Financial Institution Information					
6-Financial institution information					
Financial Institution Name:					
(Official name of the provider's financial institution)					
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 payment, e.g., Checking, Saving)					
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. Select one option below.					
(Provider preference for grouping [bulking] claim payments – must match preference for v5010 X12 835 advice)					
Provider Tax Identification Number (TIN)  National Provider Identifier (NPI)					
Flovider lax identification number (TIN) National Provider Identifier (NPI)					

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7-Electronic Remittance	Advice Information				
	of Remittance Data (e.g., Account Number Linkage to Provider Identifier) g [bulking] claim payment remittance advice – must match preference for EFT payment)				
Does provider have a Natio	nal Provider Identifier (NPI) Number? Yes No				
Provider Tax Identification Number (TIN):  (Required if NPI is not applicable)					
National Provider Identif	fier (NPI):				
	(Required if TIN is not applicable)				
Method of Retrieval:  (The method in which the provider will receive the ERA from the health plan [e.g., download from health plan website, clearinghouse, etc.])					
8-Electronic Remittance	Advice Clearinghouse Information				
Clearinghouse Name:					
	(Official name of provider's clearinghouse)				
Clearinghouse Contact Nar	ne:				
<b>U</b>	(Name of a contact in the clearinghouse office for handling ERA issues)				
Clearinghouse Telephone N	lumber:				
	(Telephone number of contact)				
Clearinghouse E-mail Addr	ess:				
·	(An electronic mail address at which the health plan might contact the provider's clearinghouse)				
Vendor Name:  Vendor Contact Name:  Vendor Telephone Number:  Vendor Email Address:	(Official name of provider's vendor)  (Name of a contact in vendor office for handing ERA issues)  (Telephone number of contact)  (An electronic mail address at which the health plan might contact the provider's vendor)				
10-Submission Informat	ion				
Reason for Submission:	New Enrollment Change Enrollment Cancel Enrollment				
Printed Name of Person Su					
	name of the person signing the form; may be used with electronic and paper-based manual enrollment)				
S	ubmission Date (CCYYMMDD):				
	(The date on which the enrollment is submitted)				
	e signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. If with electronic and paper-based manual enrollment). Please sign electronically OR write signature in.				
Electronic Signature of Poor	erson Submitting Enrollment:				
Written Signature of Person Submitting Enrollment:					
	ndering of a name unique to a particular person used as confirmation of authorization and identity)				
Mail, fax or e-mail comp	leted form (secure e-mail is recommended) to ECHO Health, Inc. If by email send to: EDI@EchoHealthinc.com.				
	Reset Form				

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