

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

ONLINE

INSTRUCTIONS

- » This is a fillable form. Type your information 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.
- » Be sure to sign the form. Postal mail *OR* submit the form via the ECHO secure portal. Postal mail: ECHO Health, Inc., 810 Sharon Drive, Westlake, Ohio 44147. Or, submit via secure portal: https://edi.echohealthinc.com/new-ticket.
- » For information about the status of your enrollment, or for any other questions, please contact ECHO® at 440.835.3511 or EDI@EchoHealthinc.com.

You will need to contact your financial institution to arrange for delivery of CORE-required Minimum CCD+ Data Elements necessary for successful reassociation.

Payer / Insurance Company Nar	(Please specify only	one Payer per form)
		ft Amount to validate against your Tax ID. The Draft FE: For ERA only, Draft Number and Draft Amount are
ECHO Draft Number	ECHO Dra	ft Amount \$
-Form select (Required) —		
EFT & ERA EFT (Only ERA Only	
2-Provider Information (Required)		
Provider Name: (Complete legal	name of institution, corporate entity,	practice or individual provider)
Street:		<u> </u>
	d street name where a person or orga	anization can be found)
City:	State/Province:	Zip Code/Postal Code:
(City associated with provider address field)	(ISO-3166-2 Two-character Code associated with the State/Province/Region of the applicable Country.)	(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.)
3-Provider Identifiers Information (R	equired)	
Provider Identifiers	oquilouy	
Provider Federal Tax Identification Nu (A Federal Tax Identification Number, also		cation Number (EIN): Number [EIN], is used to identify a business entity)
Does provider have a National Provide	r Identifier (NPI) Number?	Yes No
If "Yes" enter NPI, National Provider Id	lentifier (NPI):	
number for covered healthcare providers. Co	vered healthcare providers and all he	mplification Standard. The NPI is a unique identificatio ealth plans and healthcare clearinghouses must use NI a 10-position, intelligence-free numeric identifier (10-

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Provider Tax Identification Number (TIN) National Provider Identifier (NPI)	Provider Agent Name: Provider Agent Contact N Telephone Number: (Associated with of the contact of the conta	(Name of ame: [(Name of contact person) formation (Reconsect formation) (Official name of the financial in the financial i	provider's authorize contact in agent offi E-mail Address: (An electroni quired for EFT Only one of the provider's to estitution where the positive of accounts al Institution:	ice for handling ERA issues) ic mail address at which the health plan might contact the provider) or for EFT & ERA "Form Select" choice) financial institution) provider maintains an account to which payments are to be deposited the provider will use to receive EFT payment, e.g. Checking, Savin
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— 7-Electronic Remittance Advice Information (Required for ERA Only or EFT & ERA "Form Select" choice)
Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) (Provider preference for grouping [bulking] claim payment remittance advice – must match preference for EFT payment)
Does provider have a National Provider Identifier (NPI) Number? Yes No
Provider Tax Identification Number (TIN): (Required if NPI is not applicable)
National Provider Identifier (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 (Required for ERA Only or EFT & ERA "Form Select" choice) —
Clearinghouse Name:
(Official name of provider's clearinghouse)
Clearinghouse Contact Name:
(Name of a contact in the clearinghouse office for handling ERA issues)
Clearinghouse Telephone Number:
(Telephone number of contact)
Clearinghouse E-mail Address:
(An electronic mail address at which the health plan might contact the provider's clearinghouse)
9-Electronic Remittance Advice Vendor Information (Required for ERA Only or EFT & ERA "Form Select" choice)
Vendor Name: (Official name of provider's vendor)
·
Vendor Contact Name:
(Name of contact in vendor office for handling ERA issues)
Vendor Telephone Number:
(Telephone number of contact)
Vendor E-mail Address:
(An electronic mail address at which the health plan might contact the provider's vendor)
—10-Submission Information (Required)
Reason for Submission: New Enrollment: Change Enrollment: Cancel Enrollment:
Printed Name of Person Submitting Enrollment:
(The printed name of the person signing the form; may be used with electronic and paper-based enrollment)
(The printed hame of the person signing the form, may be used with electronic and paper sused emoliment)
Submission Date (YYYYMMDD):
(The date on which the enrollment is submitted)
Authorized Signature (The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic or paper-based manual enrollment.
2
By signing below, provider acknowledges that the provider has read, agrees that is it subject to and agrees to comply with all terms and conditions, including those relating to the delivery of the services, which can be found at:
https://enrollments.echohealthinc.com/termandcondition.aspx
Signature of Person Submitting Enrollment:
(A [usually cursive] rendering of a name unique to a particular person used as confirmation of authorization and identity)
Postal mail OR submit form via the ECHO secure portal. See page 1 of this form for instructions.
Postal mail OK submit form via the ECHO secure portal. See page 1 of this form for instructions.