



220 Burnham Street • South Windsor, CT 06074
 Vox 888-255-7293 • Fax 860-289-0055

AETNA
DENTAL ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT REGISTRATION

PAYER ID NUMBER	60054												
SPECIAL NOTES	<p>Electronic Fund Transfer (EFT) is not required to participate with ERA.</p> <p>Paper Remittance Advice will continue to be mailed for approximately 30 days after ERA is approved.</p>												
ELECTRONIC REGISTRATIONS AGREEMENTS REQUIRED	<p>Participation in Dental Electronic Remittance Advice (ERA) is limited to those providers whose practice management software vendor is participating in ERA with Emdeon or to those providers who have a Dental Provider Services (DPS) account. Please contact your software vendor to verify participation or register for a DPS account at www.emdeondental.com</p> <p>Emdeon Dental Provider Enrollment Form</p> <ul style="list-style-type: none"> • Please complete all requested information. <p>Aetna Electronic Funds Transfer (EFT) & Electronic Remittance Advice (ERA) Request Form</p> <ul style="list-style-type: none"> • Please complete all requested information. 												
CCD+ REASSOCIATION	<p>As part of the ERA enrollment process, and to comply with the Affordable Care Act CAQH CORE Rule #370, Emdeon requests you contact your financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Reassociation Data Elements.</p> <table border="1" data-bbox="686 1266 1498 1398"> <thead> <tr> <th>CCD+ Record #</th> <th>Field #</th> <th>Field Name</th> </tr> </thead> <tbody> <tr> <td>5</td> <td>9</td> <td>Effective Entry Date</td> </tr> <tr> <td>6</td> <td>6</td> <td>Amount</td> </tr> <tr> <td>7</td> <td>3</td> <td>Payment Related Information</td> </tr> </tbody> </table> <p>The data contained in the Minimum CCD+ data elements will allow you to easily associate your EFT and ERA transactions. You may read more about the CAQH CORE Rule 370 at the CAQH website http://caqh.org/.</p>	CCD+ Record #	Field #	Field Name	5	9	Effective Entry Date	6	6	Amount	7	3	Payment Related Information
CCD+ Record #	Field #	Field Name											
5	9	Effective Entry Date											
6	6	Amount											
7	3	Payment Related Information											



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SEND REGISTRATION TO	<p style="text-align: center;">Emdeon 220 Burnham Street South Windsor, CT 06074 Attn: Provider Enrollment Or Email to: dentalenrollment@emdeon.com Or Fax to: 860-289-0055</p>				
ENROLLMENT CONFIRMATION	<p>ERA enrollments take approximately 35-40 business days for completion. Once complete, Emdeon will notify the provider or their PMS vendor, as defined by the PMS vendor.</p>				
CHANGING ELECTRONIC BILLING AGENTS	<p>If the Provider currently receives ERAs through another Billing Agent other than Emdeon Business Services each Provider must re-enroll following the procedures listed above.</p>				
LATE/ MISSING EFT & ERA PROCEDURE	<p>Pending payer's advice.</p>				
DISCONTINUING ERA	<p>Discontinuing ERA is a 2 step process.</p> <ol style="list-style-type: none"> 1. Deactivation <ol style="list-style-type: none"> a. Providers receiving ERAs via their Practice Management Software need to request deactivation from their software Vendors. Please call your PMS directly. b. Providers receiving their ERAs via an Emdeon DPS account need only ignore the ERA option when logging into the DPS. 2. Payer Un-enrollment <ol style="list-style-type: none"> a. Each payer has their own unique process to discontinue ERAs and return to paper Remittance Advice. Please follow the below steps for this payer. <p>Complete Part 4 of the enrollment form and submit via fax to 859-455-8650.</p>				
CONTACT PHONE NUMBERS	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Aetna</td> <td style="text-align: right;">800-451-7715</td> </tr> <tr> <td>Emdeon Dental Provider Enrollment</td> <td style="text-align: right;">888-255-7293 opt. 2</td> </tr> </table>	Aetna	800-451-7715	Emdeon Dental Provider Enrollment	888-255-7293 opt. 2
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Emdeon Dental Provider Enrollment Form

Insurance Carrier: Aetna - ERA Payer ID(s) 60054

*Provider Name: _____
(Complete legal name of institution, corporate entity, practice or individual provider)

Doing Business as Name (DBA): _____

Provider Address: _____
*(Street)

*(City) * (State/Province) *(ZIP Code/Postal Code) (Country Code)

*Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): _____

*National Provider Identifier (NPI): _____

*Provider Contact Name: _____ Title: _____

*Telephone Number: _____ Telephone Number Extension: _____

*Email Address: _____ Fax Number: _____

*Preference for Aggregation of Remittance Data: (e.g., Account Number Linkage to Provider Identifier)

Provider Tax Identification Number (TIN) National Provider Identifier (NPI)

Method of Retrieval: Clearinghouse

Clearinghouse Name: Emdeon Dental

Vendor Name: _____

*Reason for Submission: New Enrollment Change Enrollment Cancel Enrollment

*Authorized Signature: _____
(The signature of an individual authorized by the provider or its agent to initiate, modify or terminate enrollment. May be used with electronic and paper-based manual enrollment)

Printed Name of Person Submitting Enrollment: _____

Printed Title of Person Submitting Enrollment: _____

Submission Date: _____

Requested ERA Effective Date: _____



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DENTAL ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT REGISTRATION DEFINITIONS

Table: 4.2-1 CORE-required Maximum ERA Enrollment Data Set

Individual Data Element Name (Term)	Sub-element Name (Term)	Data Element Description	Data Type and Format (Not all data elements require a format specification)	Data Element Requirement for Health Plan Collection (Required/ Optional for plan to collect)	Data Element Group Number (DEG#)
PROVIDER INFORMATION (Data Element Group 1 is a Required DEG)					
<i>Provider Name</i>		Complete legal name of institution, corporate entity, practice or individual provider	Alphanumeric	Required	DEG1
<i>Doing Business As Name (DBA)</i>		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.	Alphanumeric	Optional	DEG1
<i>Provider Address</i>				Optional	DEG1
	Street	The number and street name where a person or organization can be found	Alphanumeric	Required	DEG1
	City	City associated with provider address field	Alphanumeric	Required	DEG1
	State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.	Alpha	Required	DEG1
	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	Alphanumeric, 15 characters	Required	DEG1
	Country Code	ISO-3166-1 Country Code	Alphanumeric, 2 characters	Optional	DEG1
PROVIDER IDENTIFIERS INFORMATION (Data Element Group 2 is a Required DEG)					
<i>Provider Identifiers</i>				Required	DEG2
	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	Numeric, 9 digits	Required	DEG2
	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	Numeric, 10 digits	Required when provider has been enumerated with an NPI	DEG2
PROVIDER CONTACT INFORMATION (Data Element Group 3 is an Optional DEG)					
<i>Provider Contact Name</i>	Contact	Name of a contact in provider office for handling ERA issues		Required	DEG3
	Title			Optional	DEG3
	Telephone Number	Associated with contact person	Numeric, 10 digits	Required	DEG3
	Telephone Number Extension			Optional	DEG3
	Email Address	An electronic mail address at which the health plan might contact the provider		Required; not all providers may have an email address	DEG3
	Fax Number	A number at which the provider can be sent facsimiles		Optional	DEG3



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ELECTRONIC REMITTANCE ADVICE INFORMATION (Data Element Group 7 is a Required DEG)					
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		Required; select from below	DEG7
	Provider Tax Identification Number (TIN)		Numeric, 9 digits	Optional – required if NPI is not applicable	DEG7
	National Provider Identifier (NPI)		Numeric, 10 digits	Optional – required if TIN is not applicable	DEG7
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.)		Optional (Required if the provider is not using an intermediary clearinghouse or vendor)	DEG7
ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION (Data Element Group 8 is an Optional DEG)					
Clearinghouse Name		Official name of the provider's clearinghouse		Required	DEG8
ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION (Data Element Group 9 is an Optional DEG)					
Vendor Name		Official name of the provider's vendor		Required	DEG9
SUBMISSION INFORMATION (Data Element Group 10 is a Required DEG)					
Reason for Submission				Required; select from below	DEG10
	New Enrollment			Optional	DEG10
	Change Enrollment			Optional	DEG10
	Cancel Enrollment			Optional	DEG10
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 and paper-based manual enrollment		Required; select from below	DEG10
	Electronic Signature of Person Submitting Enrollment			Optional	DEG10
	Written Signature of Person Submitting Enrollment	A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity		Optional	DEG10
	Printed Name of Person Submitting Enrollment	The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment		Optional	DEG10
	Printed Title of Person Submitting Enrollment	The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment		Optional	DEG10
Submission Date		The date on which the enrollment is submitted	CCYYMMDD	Optional	DEG10
Requested ERA Effective Date		Date the provider wishes to begin ERA; per Phase III CORE Health Care Claim Payment/Advice (835) Infrastructure Rule Version 3.0.0: there may be a dual delivery period depending on whether the entity has such an agreement with its trading partner	CCYYMMDD	Optional	DEG10



Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT) Authorization Agreement Enrollment/Change/Cancel for Dental Claims

If you are enrolling in ERA, please also consider enrolling in Electronic Funds Transfer (EFT). EFT is a free and secure way for you to receive your payments faster. You'll no longer have to wait for checks to arrive in the mail. Aetna can issue EFT's to all healthcare provider types, including those receiving capitation. And, EFT doesn't change our overpayment policies and procedures. If you are overpaid, we'll send you a letter asking for a refund by check.

Use the following guide when completing your ERA/EFT enrollment forms. Fields with an asterisk are **required**; **sections left blank or illegible will delay processing**.

- Please send only one tax ID per fax. Enrollments for additional tax ID numbers must be faxed separately. If you would like us to deposit EFT payments into multiple bank accounts for the same TIN, complete a separate form for each account.
- Include your payee NPI (NPI receiving payment) on the enrollment form. **Note:** If the provider is part of a group, it is not necessary to enroll the Payee NPI/TIN combination more than once. All providers will be included in the 835 remittance file if claims are submitted to Aetna using the Payee NPI/TIN combination listed. Please list **two or more NPIs** under the 'Preference for Aggregation of Remittance Data' or for 'Account Number Linkage' for EFT. Selecting NPI as aggregation method will create ERA/EFT for ONLY the NPI(s) specified on the enrollment form.
- Include a copy of a pre-printed voided check with the account holder name imprinted on the check or bank letter. Deposit slips, starter checks, handwritten or altered checks are not accepted. **We cannot process your enrollment without this information.**
- Once enrolled in EFT, there is a 10-day pre-note period for EFTs to verify bank account information.
- Once we transmit an EFT to your bank, your bank has 3 business days to settle the funds and make them available in your account. Claims already in process on or before your effective date will still generate paper checks.
- With your enrollment in EFT, unless you have submitted an ERA request for an approved vendor, your paper EOBs will be discontinued within **31** days. EOBs can be retrieved or viewed through the EOB Tool on www.aetnadental.com.
- ERA effective date may not be retroactive. Future date only.
- If you are requesting EFT for your capitated payments, you must be set up for capitation. You only need to complete one form if the bank account is the same for both Dental and Capitation claim payments. Capitation payments made under a single TIN can only be deposited into one bank account.
- The enrollment form **must** be signed by authorized healthcare individuals. The signing authority must match the legal entity associated with the tax ID.
Practitioner (MD, DO, DC, DDS, PhD, etc.)
Corporate Officer or Authorized Manager (CEO, CFO, Office Manager, etc.)
- You must contact your financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Data Elements necessary for successful reassociation of the EFT payment with the ERA remittance advice.
- To check the status of an ERA/EFT enrollment or change request, call **National Dentist Line 800-451-7715**

IMPORTANT:

Please allow 30 business days for processing. Processing times may vary depending on number of enrollments received, the accuracy of the information provided and whether the form is legible. We will send confirmation letting you know when ERA and/or EFT will start. To take advantage of direct deposit (EFT), your bank must be a participating member of the Automated Clearinghouse Association (ACH). You are responsible for notifying Aetna of any changes to your banking information. You may receive a phone call from Aetna to ensure accuracy of banking information.

- For **new enrollments** and **vendor/clearinghouse, changes** complete the ERA authorization agreement in its entirety and fax to **859-455-8650**.
- For **EFT changes** and **ERA/EFT terminations (cancel)**, complete all applicable sections of the ERA and EFT authorization agreement and fax to **859-455-8650**.
- You may also mail your completed form to Aetna Dental – PO Box 14094 – Lexington, KY 40512-4094.

Emdeon Dental Enrollment



Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT) Authorization Agreement

Please fax only one TIN per form. A separate form for each TIN must be used

Asterisk indicates required fields within each section. Incomplete and/or illegible fields and signatures will cause your enrollment to be delayed. Refer to instructions before completing this form.

PROVIDER INFORMATION

*Provider Name		
*Provider Address		
Street		
City	State/Province	ZIP Code/Postal Code

PROVIDER IDENTIFIERS INFORMATION

*Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)									
*National Provider Identification Number (NPI)									
Other Identifier(s): Assigning Authority _____	Trading Partner ID _____								

PROVIDER CONTACT INFORMATION

*Provider Contact Name	Title	
*Telephone Number () -	*Email Address	Fax Number () -

ELECTRONIC REMITTANCE ADVICE INFORMATION

*Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) (Select One)

Provider Tax Identification Number (TIN) _____

National Provider Identification Number (NPI) _____

List two or more NPIs you would like to enroll for ERA/EFT payments

*Method of Retrieval

Aetna Secure Provider Website via www.aetnadental.com. You must be a registered user to access EOBs via Aetna's secure provider website.

ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

You may only receive Aetna ERAs from one of the clearinghouse/vendors listed within the attached link.

See list of clearinghouse/vendors at: www.aetnadental.com

*Clearinghouse Name Emdeon Dental	Clearinghouse Contact Name Dental Enrollment Team
Telephone Number (888) 255 - 7293	Email Address dentalenrollment@emdeon.com

FINANCIAL INSTITUTION INFORMATION – Refer to instructions if you are enrolling more than one bank account

*Financial Institution Name	Financial Institution Address Street	
City	State/Province	ZIP Code/Postal Code
*Financial Institution Routing Number	*Type of Account at Financial Institution	
	<input type="checkbox"/> Checking	<input type="checkbox"/> Saving
*Provider's Account Number with Financial Institution _____		

SUBMISSION INFORMATION (Check One)

*Reason for Submission:	<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change Enrollment	<input type="checkbox"/> Cancel Enrollment
*Include with Enrollment Submission	<input type="checkbox"/> Bank Letter	<input type="checkbox"/> Voided Check	

Authorization Agreement – Please read and sign your name below.

Electronic Funds Transfers (EFT)

I hereby authorize Aetna, on behalf of itself and its affiliates, including Aetna Life Insurance Company, Aetna Health Inc., Innovation Health Holdings, LLC, Coventry Health Care, Inc. (“Company”) and their respective subsidiaries, to initiate credit entries to the account at the bank listed above for all benefits payments. This agreement will remain in effect until I notify Company of the desire to cancel or change this service or until Company notifies me that this service has been terminated. I understand I must allow reasonable time for my instructions to be executed. I authorize and request the bank listed above to accept any credit entries by Aetna to such account and to credit the same to such account.

Company will not debit or deduct funds directly from my bank account for claim overpayments and/or refund requests, but Company will seek permission to debit my bank account for any adjustments or corrections to resolve duplicate payments (where “duplicate” is defined as Company sending multiple identical payments in error) or erroneous payments due to a bank account setup error. Company will attempt to recover the duplicate or erroneous payment via a debit to my account to the extent permitted by state law and with prior contact to me. If an electronic debit is unsuccessful, Company will notify me in writing reach an alternative arrangement for reimbursement.*

* Company strictly adheres to the National Automated Clearing House Association (NACHA) guidelines.

Electronic Remittance Advice (ERA) – Legislative Updates

Certain claims payment/remittance information required by various state requirements cannot be transmitted using the HIPAA-compliant ERA transaction. Aetna retains a list of state requirements that cannot be accommodated in our HIPAA-compliant ERA transactions. In the event you need confirmation or clarification of Legislative Updates, please contact the National Provider Number. Thank you for your cooperation in this effort.

Electronic Remittance Advice (ERA) – Pended Claims

When state requirements require information that cannot be accommodated in our HIPAA-compliant ERA transaction, such as information regarding pended claims, health care professionals can obtain this information in other ways:

For pended claims received **electronically**, the request for information is returned in a Claim Status Response (277). However, Aetna is aware that some providers have agreements with their vendor/clearinghouse to receive some, all or none of their unsolicited claims status responses. Therefore, please work with your vendor/clearinghouse to ensure you receive all level 2 claims status responses in order to receive this information. If you prefer, or are unable to receive these responses, you may use the real-time claims status inquiry transaction to obtain this information as well.

For pended claims received on **paper**, a request for more information may be sent by letter or phone call. However, if you have not received any such request within **31** days of a claims submission on paper, please use the claims status inquiry transaction to view this information.

Please work with your Aetna representative if you need assistance using the claims status inquiry transaction. Thank you for your cooperation in this effort.

AUTHORIZED SIGNATURE

By signing below, I hereby agree that I have read and agree to the terms and conditions stated above, including Legislative Updates and Pended Claims. Furthermore, the undersigned certifies that the information provided is true and accurate in all respects and that he/she has been duly authorized by all necessary and appropriate action.

The form must be signed by authorized healthcare individuals.

*Written Signature of Person Submitting Enrollment _____

*Printed Name of Person Submitting Enrollment _____

*Printed Title of Person Submitting Enrollment _____

Submission Date _____

Requested ERA Effective Date _____

If you prefer not to aggregate by TIN or NPI and are not enrolling the entire Tax ID, please select an alternative setup:

Split by Billing Address – Enroll only certain **Billing Locations** under the Tax ID for EFT payments.

List the applicable Billing Locations to enroll for EFT payment. _____

Electronic Explanation of Benefits (EOBs)

As a registered user of Aetna’s secure provider website via www.aetnadental.com, you can access your EOBs online via the claim EOB tool. Your electronic EOB is immediately available once a claim is processed. This allows you to post payments several days sooner than if you used a paper EOB. Not registered? Please click here to register: www.aetnadental.com.

Your paper EOBs will stop **31** days after the effective date of the ERA set up.

If you would like your paper EOBs stopped on the effective date of the ERA/EFT set up, please check here.

Submit only one form per FAX. Faxes containing multiple forms will be returned.

Fax the completed form, voided check and/or bank letter to:

- **859-455-8650** for new ERA/EFT enrollments and requests to change your ERA clearinghouse.
 - To check the status of an ERA enrollment, **call 800-451-7715**
- **859-455-8650** for EFT changes and ERA/EFT termination requests.
 - To check the status of an EFT change, **call 800-451-7715**

Emdeon Dental Enrollment

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies. (Aetna)

GR-68959 (2-14)

Definitions

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

PROVIDER INFORMATION	
Provider Name	Complete legal name of institution, corporate entity, practice or individual provider
(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 IDENTIFIERS INFORMATION	
Provider Identifiers	Enter TIN and NPI information
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 dental specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions
(Other Identifiers) Assigning Authority	Organization that issues and assigns the additional identifier requested on the form, e.g., Medicare, Medicaid
Trading Partner ID	The provider's submitter ID assigned by the health plan or the provider's clearinghouse or vendor. Enter User Name/App ID/Customer ID/Key/Acct Number (if applicable)
PROVIDER CONTACT INFORMATION	
Provider Contact Name	Name of a contact in provider office for handling ERA issues
Title	Title of contact
Telephone Number	Associated with contact person
Email Address	An electronic mail address at which the health plan might contact the provider
Fax Number	A number at which the provider can be sent facsimiles
ELECTRONIC REMITTANCE ADVICE INFORMATION	
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. Select from TIN or NPI
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.)
Clearinghouse Name	Official name of the provider's clearinghouse.
Clearinghouse Contact Name	Name of a contact in clearinghouse office for handling ERA issues
Telephone Number	Telephone number of contact
Email Address	An electronic mail address at which the health plan might contact the provider's clearinghouse
FINANCIAL INSTITUTION INFORMATION	
Financial Institution Name	Official name of the provider's financial institution
Financial Institution Street Address	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, 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
SUBMISSION INFORMATION	
Reason for Submission	Select your reason for submission from the options available.
Include with Enrollment Submission	Voided check: A voided check is attached to provide confirmation of Identification/Account Numbers Bank Letter: A letter on bank letterhead that formally certifies the account owners routing and account numbers
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 and paper-based manual enrollment
Written Signature of Person Submitting Enrollment	A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity
Printed Name of Person Submitting Enrollment	The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment
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