



INSTAMED NETWORK FUNDING AGREEMENT (Payer Payments)

This **NETWORK FUNDING AGREEMENT** (the "Agreement") shall become effective upon execution by "Customer". The services that Customer is enrolling for pursuant to this Agreement shall be subject to the InstaMed Terms and Conditions located at http://www.instamed.com/im-online/terms_and_conditions.html (the "T&Cs"). Customer acknowledges that it has reviewed, and hereby agrees, by its signature below, to be bound by, the T&Cs.

NOTE: By registering for Payer Payments (see Section Four below), you agree that you will **NO LONGER** receive a paper check or paper explanation of payment (EOP) from the payers listed on the Provider Portal, as it may be updated from time to time.

Providers registering for Payer Payments will automatically receive Integrated ERA/EFT® from all available payers on the InstaMed Network. For a list of available payers, visit <http://info.instamed.com/payer-payments-payer-list>. To opt out of Integrated ERA/EFT® from one or more of the available payers, please contact InstaMed at (866) 945-7990 or connect@instamed.com.

Please complete the form below, sign and send to InstaMed:

- Fax: (877) 755-3392
or
- Mail: P.O Box 58790 Philadelphia, PA 19102

If you have any questions, please contact InstaMed at (866) 945-7990.

SECTION ONE – GENERAL INFORMATION

Provider Information (all information is required unless otherwise noted)

			<u>Practice Administrator Contact Information</u>	
Tax ID _____				
Provider Name (an individual) _____			Name _____	
Practice Name (a business entity) _____			Phone _____	
Address _____			Email _____	
City _____	State _____	Zip _____	Fax _____	

SECTION TWO – NPI

NPIs

Please give your Billing Provider NPI(s) for the Provider Name above and, if populated, Practice Name. If your Practice uses Service Provider NPI(s) for claims billing, please list them also. If your Practice does not use Service Provider NPI(s) for claims billing, you do not need to list them.

Billing Provider NPI (Practice NPI): _____

Billing Provider NPI (Practice NPI): _____

Service Provider NPI: _____

Service Provider NPI: _____

SECTION THREE – REMITTANCE DELIVERY

You will automatically receive ERAs through the InstaMed secure Provider Portal. Please indicate below if you want to receive ERA via Secure File Transfer Protocol (SFTP) and/or your clearinghouse in addition.

- Receive ERA via InstaMed secure Provider Portal
- Receive ERA via SFTP (Optional)
- Receive ERA via Clearinghouse (Optional)

Clearinghouse Name: _____

For a list of supported clearinghouses for ERA, visit: www.instamed.com/eraclearinghouses.

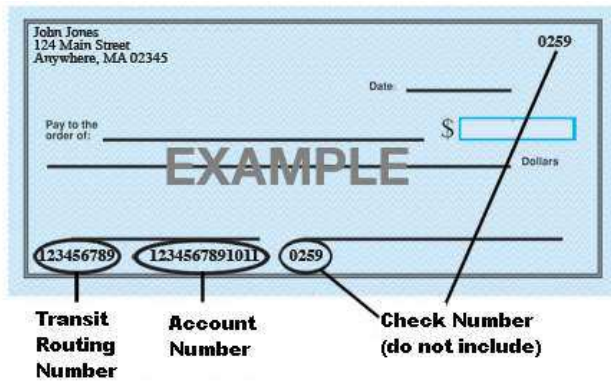
SECTION FOUR – ELECTRONIC FUNDS TRANSFER

Please complete the form below and attach a voided check or photocopy of a voided check. One form is required per bank account.

Bank Account Information

Tax ID (same as page 1)		Bank Street Address		
Bank Name		City	State	Zip
Transit Routing Number (TRN) (see graphic below)		Account Number (see graphic below)		

ATTACH VOIDED CHECK HERE OR ON SEPARATE PAGE OR ATTACH A PHOTOCOPY OR BANK LETTER ON A SEPARATE PAGE



SECTION FIVE – AUTHORIZATION

By signing below, you confirm that the information that you have provided in this Agreement is true, complete and correct and you also hereby agree to the T&Cs set forth at http://www.instamed.com/im-online/terms_and_conditions.html, which is integral to, and forms a part of, this Agreement.

Authorized Signature

Name of Customer: _____ Date: _____

Signature: _____

Print Name: _____

Print Title: _____