Change Healthcare ePayment Enrollment Authorization Form

Instructions

Providers can recieve electronic payments by enrolling in Change Healthcare ePayment in four easy steps! If you have questions about this Change Healthcare ePayment Enrollment and Authorization Form, or if you need help accessing Change Healthcare Payment Manager, please call **866.506.2830** and select option 1. Please allow for a 15 day validation period to process these EFT forms.

Step 1 – Complete EFT Authorization Form and include Validation paperwork

To complete enrollment you must provide the following:

All forms require an original signature (no stamps or e-signatures).

Electronic copy of a government issued ID (with signature), on payee legal entity's letter head. **CDAC Providers must provide a copy of State CDAC approval in lieu of letter head.**

Contact name , address and phone number of Financial Institution.

Bank authorization letter or voided check.

Any bank account changes will require the validations set forth above for completion of changes as well as confirmation of the last EFT deposit amount with Change Healthcare.

How to Enroll?
Complete the Change Healthcare ePayment Enrollment and Authorization form at:
http://www.changehealthcare.com/resources/epayment-eft
After your information is verified, you will receive an email confirming the enrollment.

Please check this box if you would like to enroll for all available EFT payers.

All Payers that require Provider ids must indicate the payer assigned provider id (Trading Partner id) starting on page 6.
Otherwise, indicate the individual payer you would like to enroll on the below pages.

How to Submit the Change Healthcare ePayment Enrollment and Authorization Form by Email
This Change Healthcare ePayment Enrollment and Authorization Form includes form fields enabling you to complete it using the online form. Please sign and email your completed Change Healthcare ePayment enrollment authorization form as an PDF attachment to **EFTEnrollment@changehealthcare.com** or fax completed enrollment forms to **615.238.9615**.

Step 2 - Confirm Deposit to Verify Account

Once you have completed the enrollment process, Change Healthcare will make a small deposit in your designated bank account with the reference note "EFT Enroll". After this has been deposited into your designated account, please call **866.506.2830** or email **EFTEnrollment@changehealthcare.com** for verification purposes. Upon confirmation of the deposit amount, if you are an existing Payment Manager user, your services will be enabled under the assigned account. If you are a new Payment Manager user, you will be given a username and password for your new account.

Step 3 - Start using Payment Manager to Search, View, Download and Print ERAs

You may access Change Healthcare Payment Manager **https://www107.medi.com/Portal/AccountLogin.faces** to search, view and print your payment and remittance advice for participating Payers. To see a quick tour of Change Healthcare Payment Manager, visit **http://www.changehealthcare.com/support/demos/paymentmanager/**.

Providers that utilize a software vendor for ERA delivery may need to request your vendor enroll with Change Healthcare.

Step 4 - Contact your Financial Institution to Receive the CCD+ Reassociation Number

To reassociate payments and ERAs, a CCD+ Reassociation Number has been created and passed to your financial institution. To begin receiving this number, you must contact your financial institution and request it

To resolve a late or missing payment or ERA, please contact the EFT enrollment team at **866.506.2830**.

Attachment 1: Provider Information

☐   Check here if you are updating existing enrollment information.

Provider Information

Provider Name	
Doing Buisness As Name (DBA)	
Provider Address	
Street	
City	
State/Province	
Zip Code/Postal Code	
Country Code	

Questions? Call **866.506.2830** (Option 1) for assistance.

License Number	
License Issuer	
Provider Type	☐ Medical ☐ Dental ☐ Pharmacy
Provider Taxonomy Code	

Provider Contact Information

Provider Contact Name	
Title	
Telephone Number	
Telephone Number Extention	
Email Address	
Fax Number	

Provider Agent Information

Provider Agent Name	
Provider Agent Address	
Street	
City	
State/Province	
Zip Code/Postal Code	
Country Code	
Provider Agent Contact Name	
Provider Agent Contact Title	
Telephone Number	
Telephone Number Extention	
Email Address	
Fax Number	

Provider Identifiers Information

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	
National Provider Identifier (NPI)	

Questions? Call **866.506.2830** (Option 1) for assistance.

Payer ID	Assigning Authority	Payer ID	Assigning Authority
22384	Administrative Concepts, Inc	84129	Colorado Access
95340	Adventist Health System/West	42723	Community First Health Plans
26119	AIA	58231	Core Administrative Services
95241	AGIA	91162	CUP
52193	Allegeant	CX035	Dental Care Plus
13788	Associated Administrators	CX093	Dental Select
26202	Auxiant	DSHOP	The Dental Shop
12X42	Banner Health AZ	31625	ElderPlan, Inc.
SX145	Banner Health AZ	85362	Foundation for Medical Care of Tulare and Kings Countries
77078	Banner Health AZ (Medisun)	64246	Guardian Life Insurance Company
20488	Better Health	86066	Hawaii Mainland Administrators
61124	Bluegrass Family Health	37111	HCH Administration (IL)
cm001	Caremore	68035	Health Plan of San Joaquin
64073	Centene	31604	Heartland (UFCW-OH)
23626	Central Pennsylvania Teamsters Fund	41099	John Alden Life Insurance Company
34097	Central Reserve Life Insurance Co.	40523	Kaiser Foundation Health Plan
37227	CNIC (EFT required to receive ERA)		

Questions? Call **866.506.2830** (Option 1) for assistance.

Payer ID	Assigning Authority	Payer ID	Assigning Authority
35316	Key Benefit Administrators	27094	Simply Health Care
58112	Key Benefit Administrators	SX142	South Indiana Health Operations - HMO
35205	MedPartners Administrative Services	75299	Synermed (Angeless IPA)
27401	Michigan UFCW Unions & Employers Admin., LLC	76048	Texas Children's Health Plan - CHIP
R0755	Ohio Benefit Administrators	75228	Texas Children's Health Plan - STAR
76112	Oxford Life Insurance Company	88019	Teacher's Health Trust
SX158	Paramount Health	39065	Time Insurance Company
47027	Physicians Mutual	69493	Tower Life Insurance Company
65054	Premier Eye Care	94174	United Administrative Service
65088	Preferred Care Partners	70408	Union Security Insurance Company
31441	S & S Healthcare Strategies	59189	United Group Programs
28530	S & S Healthcare	75261	Web-TPA Employer Services, LLC
91184	Sanford	91136	Welfare and Pension
24077	Santa Clara Family Health Plan (SCFHP)	37272	Wells Fargo TPA
13162	SEIU	75276	World Insurance Company
87020	Sentinel Security Life Ins. Company		

Questions? Call **866.506.2830** (Option 1) for assistance.

Check Box	Payer ID	Assigning Authority	Provider Id/ NPI Requirements	Trading Partner Id
	93044	A&I Benefit Plan Administrator, Inc.	Provider ID- (R)	
	CX097	Access Dental	NPI- (R)	
	43168	Advantica Administrative Service	NPI- (O)	
	59374	Advantica and Delta Vision	NPI- (O)	
	65093	Advocate Health Partners	Legacy ID- (R)	
	36320	Advocate HPO	Provider ID- (R)	
	62118	Aetna - American Continental Insurance	NPI- (R)	
	62118	Aetna - American General Life Insurance	NPI- (R)	
	62118	Aetna - Aetna Health and Life Insurance	NPI- (R)	
	62118	Aetna - Aetna Life Insurance Company	NPI- (R)	
	62118	Aetna - Allianz Life Insurance Company of	NPI- (R)	
	62118	Aetna - Combined Insurance Company of	NPI- (R)	
	62118	Aetna - Continental Life Insurance Company of	NPI- (R)	
	62118	Aetna/Genworth - Genworth Life and	NPI- (R)	
	62118	Aetna/Genworth - Genworth Life Insurance	NPI- (R)	
	62118	Aetna - Union Fidelity Life Insurance Company	NPI- (R)	
	62118	Aetna - Virginia Surety Company, Inc	NPI- (R)	
	62118	Aetna - Washington National Insurance	NPI- (R)	
	13334	Affinity	Legacy ID- (O)	
	13333	Affinity Medicare Advantage	NPI- (R)	
	13346	AFTRA Health Fund	Provider ID- (O)	
	37308	Allied Benefit Systems, Inc	Provider ID- (R)	
	75137	AmeriBen	NPI- (R)	
	48055	American Progressive Life and Health	NPI- (R); Tax ID- (R)	
	77002	AmeriHealth Caritas District of Columbia	Legacy ID- (R)	

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Check Box	Payer ID	Assigning Authority	Provider Id/ NPI Requirements	Trading Partner Id
	77075	AmeriHealth Caritas Iowa	Payee ID- (R)	
	27357	AmeriHealth Caritas Louisiana	Legacy ID- (R)	
	77001	AmeriHealth Caritas Northeast	Legacy ID- (R)	
	22248	AmeriHealth Caritas Pennsylvania	Payee ID- (R)	
	77013	AmeriHealth Caritas VIP Care Plus	Provider ID- (R)	
	22355	AmeriHealth VIP Care	Legacy ID- (R)	
	77006	AmeriHealth VIP Care - LA	Legacy ID- (R)	
	77007	AmeriHealth VIP Care - DC	Legacy ID- (R)	
	20572	Ametros Financial, Inc.	NPI- (R); Tax ID- (R)	
	52312	Arbor Health Plan	Legacy ID- (R)	
	39185	Arise Health Plan	Provider ID- (O)	
	48055	AveraAdvantage	NPI- (R); Tax ID- (R)	
	59274	AvMed (EFT Req. for ERA and ERA Req. for EFT)	NPI- (O)	
	CBMI1	BCBS Michigan	NPI- (R)	
	44357	Benefits Administration Corporation (EFT required to receive ERA)	NPI- (R)	
	CB621	Blue Cross Blue Shield of Illinois	NPI- (O)	
	CBMT1	Blue Cross Blue Shield of Montana	NPI- (R)	
	SB790	Blue Cross Blue Shield of New Mexico	NPI- (O); Tax ID- (R)	
	SB840	Blue Cross Blue Shield of Oklahoma	NPI- (R)	
	CB900	Blue Cross Blue Shield of Texas	NPI- (R)	
	77307	Blue Cross Blue Shield of Vermont	Practice Group NPI- (R)	
	32002	Blue Cross Complete of Michigan	NPI- (R)	
	BOONG	Boon Admin. Services, Inc. (ERA req. to receive EFT)	NPI- (R)	

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Check Box	Payer ID	Assigning Authority	Provider Id/ NPI Requirements	Trading Partner Id
	52192	Bravo Health	NPI- (R)	
	71057	Cannon Cochran Management Services	NPI- (O)	
			Tax ID- (R)	
	75190	CareFirst Administrators/NCAS	NPI- (R)	
	65391	CBHNP- Amerihealth	L-O	
	68063	Celtic Insurance	NPI- (R)	
	13360	Centerlight	NPI- (R)	
	37214	Central States	NPI- (O)	
	59223	Chesapeake Life Insurance Company	NPI- (O)	
	36222	CHICAGO REGIONAL COUNCIL OF	NPI- (R)	
	34181	Commerce Benefits Group	NPI- (O)	
	35199	Cooperative Managed Care	NPI- (O)	
	42141	CTI Administrators	NPI- (R)	
	39113	Dean Health Plan (DHP)	NPI- (O)	
	36123	Dearborn National	NPI- (R)	
	MWELT	District 9 Machinists Welfare Trust	NPI- (R)	
	52611	Electrical Workers Welfare Trust	NPI- (O)	
	35112	Employee Plans LLC	Legacy ID- (R)	
	FAMR1	FAI	NPI- (R)	
	77054	Fidelis Secure Care of Michigan	NPI- (R)	
	49096	FirstCare Health	Provider ID- (O)	
	37510	First Choice VIP Care	Legacy ID- (R)	

Questions? Call **866.506.2830** (Option 1) for assistance.

Check Box	Payer ID	Assigning Authority	Provider Id/ NPI Requirements	Trading Partner Id
	77009	First Choice VIP Care Plus - SC	Provider ID- (R)	_____
	26492	Florida True Health, Inc.	Legacy ID- (R)	_____
	44054	GEHA	Provider ID- (R)	_____
	46051	Generations-Hillcrest	NPI- (R); Tax ID- (R)	_____
	36338	Group Administrators, Ltd.	NPI- (R); Tax ID- (R)	_____
	99208	Hawaii Medical Assurance Association	Legacy ID- (O)	_____
	77950	Health Alliance Medical Plans	NPI- (O)	_____
	77180	HealthyCT Inc	NPI- (O)	_____
	15064	Health First Health Plans (EFT required to receive	NPI- (O)	_____
	41178	HealthEZ (formerly America's TPA)	NPI- (O); Tax ID- (R)	_____
	56144	Healthgram Primary Physcians Care	Provider ID- (O)	_____
	96475	HealthLink	Vendor ID-(R)	_____
	59221	HealthMarkets	NPI- (O)	_____
	37290	HealthServices for Children with Special	NPI- (R)	_____
			Tax ID- (R)	_____
	77050	Healthy PA	Provider ID- (R)	_____
	77051	Healthy PA	Provider ID- (R)	_____
	11324	Health Plus	Legacy ID- (R)	_____
	11328	Healthcare Partners IPA	Vendor ID- (R)	_____
	22326	Horizon NJ Health	Legacy ID- (R)	_____
	13335	Hudson Health Plan	Legacy ID- (O)	_____
	13335	Hudson Health Plan	Trading Partner ID- (O)	_____

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Check Box	Payer ID	Assigning Authority	Provider Id/ NPI Requirements	Trading Partner Id
	SX073	Independent Health	Providers - Tax ID- (R)	
	36342	IPMG	Pharmacy - Payee ID- (R) Trading Partner- (O)	
	66003	Johns Hopkins Advantage MD	NPI-(R)	
	52189	Johns Hopkins Healthcare (EHP/PP)	Provider ID- (O)	
	52123	Johns Hopkins Healthcare (USFHP)	Provider ID- (O)	
	37217	Key Family of Companies	NPI-(O)	
	37323	Key Solutions	NPI- (O)	
	23284	Keystone Mercy Health Plan	Legacy ID- (R)	
	84223	Keystone VIP Choice	Legacy ID- (R)	
	LMCHP	Leon Medical Centers Health Plans (EFT	NPI- (R)	
	48055	Marquette Life Insurance Company	NPI- (R); Tax ID- (R)	
	20475	MDwise Excel Network	Payee ID- (R)	
	EM350	Med3000 CMS Early Steps	Provider ID- (R)	
	EM284	Med3000 CMS Safety Net	Provider ID- (R)	
	EM843	Med3000 CMS Title 19 Reform	Provider ID- (R)	
	EM205	Med3000 CMS Title 21	Provider ID- (R)	
	EM522	Med3000 Pedicare Title 21	Provider ID- (R)	
	EM039	Med3000 Pedicare Title 19	Provider ID- (R)	
	74323	MedBen	NPI- (O)	
	56205	MedCost Benefits	Legacy ID- (O)	
	12422	Medica	NPI- (O) Provider	
	MAHC1	Medical Associates Health Plan	ID- (O)	

Questions? Call **866.506.2830** (Option 1) for assistance.

Check	Box	Payer ID	Assigning Authority	Provider Id/ NPI Requirements	Trading Partner Id
		62045	Farm Bureau Health Plans	NPI- (R); Tax ID-R	
		38164	Messa	NPI- (R)	
		79480	Midwest Security	NPI- (O)	
		59224	Mid-west National Life Ins Co of TN	NPI- (O)	
		81883	Municipal Health Benefit Fund	NPI- (R)	
		CX045	National Elevator Industry Health Benefit	NPI- (R); Tax ID- (R)	
		04332	Network Health	Provider ID- (R)	
		39144	Network Health Plan of Wisconsin (NHP/Network	NPI- (O)	
		91068	Northwest Administrators	NPI- (R)	
		61129	Passport Health Plan	Legacy ID- (R)	
		33081	Pinnacle	Trading Partner- (R)	
		91171	Physicians of Southwest Washington (EFT	NPI- (R)	
		TH131	Physicians United Plan	Legacy ID- (O)	
		21524	Preferred Medical Claim Solutions (PMCS)	NPI- (O)	
		CX078	Premier Dental	Providers - NPI-R; Brokers - Agency	
		77003	Prestige Health Choice	Legacy ID- (R)	
		38303	Professional Benefit Services, Inc.	Provider ID- (O)	
		48055	Pyramid Life Insurance Company	NPI- (R); Tax ID- (R)	
		23342	QualCare, Inc.	Vendor ID- (R)	
		73066	Reserve National Insurance Company	NPI- (R)	
		45281	Riverside	NPI- (R)	
		39181	Triad Healthcare (CBHNP Amerihealth)	NPI- (O)	
		72261	SCAN Health Plan	Vendor ID- (R)	
		TH002	Scott & White Health Plan	NPI- (O)	
		LIFE1	Optumcare (EFT required to receive ERA)	NPI- (O)	

Questions? Call **866.506.2830** (Option 1) for assistance.

Check Box	Payer ID	Assigning Authority	Provider Id/ NPI Requirements	Trading Partner Id
	23285	Select Health of South Carolina	Legacy ID- (R)	
	76045	SelectCare of Texas (HPN) Heritage	NPI- (R); Tax ID- (R)	
	83035	Senior Whole Health (SWH)	NPI- (R)	
	76342	Sierra Health Services (EFT required to receive	NPI- (O)	
	67829	Sterling Life	NPI- (R)	
	13185	TexasFirst Health Plan (NTX)	NPI- (R); Tax ID- (R)	
	73117	Tribute /SelectCare of Oklahoma	NPI- (R); Tax ID- (R)	
	TRP1E, TRP1P, TLINS, TRCLF,	Transamerica	NPI- (O); Tax ID- (R)	
	37284	TransChoice - Key Benefit Administrators	NPI- (O)	
	48055	Today's Options (American Progressive	NPI- (R); Tax ID- (R)	
	48055	Today's Options powered by CCRX TMG	NPI- (R); Tax ID- (R)	
	77023	Health (CarePoint Health Plans)	NPI- (R); Tax ID- (R)	
	74214	TML Intergovernmental Employee Benefits	NPI- (R)	
	77022	Ultimate Health Plans, Inc	NPI- (R)	
	74227	United Healthcare Student Resources	NPI- (R); Tax ID- (R)	
	45282	University of Maryland Health Advantage	NPI - (R)	
	65250	University of Utah Health Plans	Vendor NPI- (R); Tax ID- (R)	
	38337	Upper Peninsula Health Plan	NPI- (R)	
	63114	Viva Health	Vendor ID- (R)	
	TH023	Wellmed	NPI- (R)	
	68039	Western Health Advantage	NPI- (O)	
	62153	Windsor Medicare Extra	Vendor ID- (R)	
	59266	Volusia Health Network	NPI- (R)	
	26335	Zepherella	NPI- (O)	

Questions? Call **866.506.2830** (Option 1) for assistance.

Table 1: Direct Payment Payers

The payers listed below are offering to distribute EFT payments directly to you and not through Change Healthcare. If you select a payer below, that payer will pay you directly and Change Healthcare shall not be involved in any of their payment transactions. As such, Change Healthcare makes no representations or warranties regarding the payment services provided by the payers set forth below.

Check Below to Enroll	Payer ID	Payer Name	Additional Provider ID Required/Optional (R/O)	Additional Requirements	Trading Partner id
☐	27514	Amerigroup	Legacy PIN – (R)	Providers must enroll using Amerigroup assigned Provider Identification Number. ERA is only available with EFT enrollment.	
☐	SB580	CareFirst	NPI – (R)	Providers must enroll or be enrolled for Electronic Remittance Advice (ERA) when selecting CareFirst EFT. Are you currently setup for ERAs with CareFirst? ☐ Yes ☐ No If you are not yet enrolled and want to enroll for both ERA and EFT from CareFirst please check the following box. ☐ You will receive CareFirst ERAs through Emdeon if this box is checked.)	

Questions? Call **866.506.2830** (Option 1) for assistance.

Retail Pharmacy Information

Pharmacy Name	
Chain Number	
Parent Organization ID	
Payment Center ID	
NCPDP Provider ID Number	
Medicaid Provider Number	

Financial Institution Information

☐ New Enrollment　　☐ Change to Existing Enrollment　　☐ Deactivate Existing Bank Account

*Please complete if you are a new customer. If you are an existing customer needing to change bank information, please enter current (old) bank information here and complete the Bank Account Change EFT Validation Form on page 16.

Financial Institution Account #1

Financial Institution Name	
Financial Institution Address	
Street	
City	
State/Province	
Zip Code/Postal Code	
Financial Institution **Telephone** Number/Ext	
Financial Institution Contact Name	
Financial Institution Routing Number	
Type of Account at Financial Institution	☐ Checking　　　☐ Savings
Provider's Account Number with Financial Institution	
Account Number Linkage to Provider Identifier	☐ Provider Tax Identification Number (TIN) ☐ National Provider Identifier (NPI)

Questions? Call **866.506.2830** (Option 1) for assistance.

Bank Account Change EFT Validation Form

Last Four digits of Account Number	Payer id	Last EFT Deposit amount	Date of Deposit

Questions? Call **866.506.2830** (Option 1) for assistance.

*Only use the following section if you are an existing customer needing to change banking information. Please Complete new banking information below

Financial Institution Account #2	
Financial Institution Name	
Financial Institution Address	
Street	
City	
State/Province	
Zip Code/Postal Code	
Financial Institution Telephone Number	
Telephone Number Extention	
Financial Institution Routing Number	
Type of Account at Financial Institution	☐ Checking ☐ Savings
Provider's Account Number with Financial Institution	
Account Number Linkage to Provider Indentifier	☐ Provider Tax Identification Number (TIN) ☐ National Provider Identifier (NPI)

Change Healthcare ePayment Enrollment and Authorization Form Acknowledgement

By signing below, Provider acknowledges that the Provider has read, agrees that it is subject to and agrees to comply with the Change HealthcareGeneral Terms and Conditions, the Business Associate Terms, the ePayment Services Addendum and the Privacy Policy for changehealthcare.com. To view the Change HealthcareGeneral Terms and Conditions, the Business Associate Terms and the ePayment Services Addendum please visit: **www.changehealthcare.com/epayment/terms**. To view the Privacy Policy for changehealthcare.com, please visit **www.changehealthcare.com/privacy**. In addition, by signing below, Provider represents and warrants that all of the information that it is providing to Change Healthcareis accurate and complete. In furtherance of the ePayment Services, Provider authorizes Change Healthcare Solutions LLC or one of its Affiliates to initiate ACH debit and credit entries to the above account(s) at the above depository financial institution(s). Provider acknowledges that the origination of ACH transactions to the above account(s) must comply with the provisions of U.S. law. Provider also acknowledges that in the provision of the ePayment Services, the Provider's enrollment information may be made available to the Payers making payment to the Provider through the ePayment Services.

Provider desires to revoke or modify the authority of any Authorized Representative or add additional Authorized Representatives, Provider must execute and deliver to Change Healthcare a new ePayment enrollment authorization form. Letters or other forms of communications will not be accepted. Any subsequent ePayment enrollment authorization form supersedes any previously submitted ePayment enrollment authorization form. CURRENT AUTHORIZED REPRESENTATIVES NOT ON THE ePayment enrollment authorization form WILL NOT BE RECOGNIZED.

☐ Please check the box below if you have elected to receive payments from Direct Payment Payers.

I hereby authorize Direct Payment Payer(s) to initiate ACH credit and debit entries to the account(s) listed in Table 1 for all benefits payments. Provider acknowledges that the origination of ACH transactions to the above accounts must comply with the provisions of U.S. law. This agreement will remain in effect until I notify the Direct Payment Payer(s) of the desire to cancel or change this service or until I am notified by Direct Payment Payer(s) that this service has been terminated. I understand I must allow reasonable time for my instructions to be executed.

As required by 42 C.F.R. 455.18 and 455.19, I understand in accepting electronic payment that such payment may be from Federal and State Funds and any falsification or concealment of a material fact may be prosecuted under Federal law.

IN WITNESS WHEREOF, the parties have caused this Change Healthcare ePayment Enrollment and Authorization Form to be executed by their respective duly authorized representatives.

Submission Information

Reasons for submission	☐ New Enrollment	☐ Change Enrollment	☐ Cancel Enrollment
Authorized Signature			
Printed Title of Person Submitting Enrollment			
Submission Date			
Requested EFT Start / Change / Cancel Date			

Questions? Call **866.506.2830** (Option 1) for assistance.

CORE-required Maximum EFT Enrollment Data Set

The following table is taken directly from CORE Operating Rule 380 and identifies all details related to the fields contained within this document.

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 Requirements for health Plan Collection (Required/ Optional for plan to collect)	Data Element Group Number (DEG)
Table 4.2-1 CORE-required Maximum EFT enrollment Data Set					
PROVIDER INFORMATION (Data Element Group 1 is a Required DEG)					
Provider Name		Complete legal name of institution, corporate entity, practice or individual provider	Alphanumeric	Required	DEG1
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.	Alphanumeric	Optional	DEG1
Provider Address				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, 10 characters	Required	DEG1
	Country Code	ISO-3166-1 Country Code16	Alphanumeric, characters	Optional	DEG1
PROVIDER IDENTIFIERS INFORMATION (Data Element Group 2 is a Required DEG)					
Provider Identifiers				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

Table continues on the next page

Questions? Call **866.506.2830** (Option 1) for assistance.

	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
Other Identifier(s)				Optional	DEG2
	Assigning Authority	Organization that issues and assigns the additional identifier requested on the form, e.g., Medicare, Medicaid		Required if Identifier is collected	DEG2
	Trading Partner ID	The provider's submitter ID assigned by the health plan or the providers clearinghouse or vendor		Required based upon payer	DEG2
Provider License Number				Optional	DEG2
	License Issuer			Required if License Number is collected	DEG2
Provider Type		A proprietary health plan-specific indication of the type of provider being enrolled for EFT with specific provider type description included by the health plan in its instruction and guidance for EFT enrollment (e.g., hospital, laboratory, physician, pharmacy, pharmacist, etc.)		Optional	DEG2
Provider Taxonomy Code		A unique alphanumeric code, ten characters in length. The code set is structured into three distinct "Levels" including Provider Type, Classification and Area of Specialization	Alphanumeric, 10 characters	Optional	DEG2
PROVIDER CONTACT INFORMATION **(Data Element Group 3 is an Optional DEG)**					
Provider Contact Name		Name of a contact in provider office for handling EFT 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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Questions? Call **866.506.2830** (Option 1) for assistance.

PROVIDER AGENT INFORMATION
(Data Element Group 4 is an Optional DEG)

Provider Agent Name		Name of provider's authorized agent	Alphanumeric	Required	DEG4
Agent Address				Optional	DEG4
	Street	The number and street name where a person or organization can be found	Alphanumeric	Required	DEG4
	City	City associated with address field	Alphanumeric	Required	DEG4
	State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country	Alpha	Required	DEG4
	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			DEG4
	Country Code	ISO-3166-1 Country Code	Alphanumeric, 2 characters	Optional	DEG4
Provider Agent Contact Name		Name of a contact in agent office for handling EFT issues		Required	DEG4
	Title			Optional	DEG4
	Telephone Number	Associated with contact person	Numeric, 10 digits	Required	DEG4
	Telephone Number Extension			Optional	DEG4
	Email Address	An electronic mail address at which the health plan might contact the provider		Required; not all providers may have an email address	DEG4
	Fax Number	A number at which the provider can be sent facsimiles		Optional	DEG4

FEDERAL AGENCY INFORMATION
(Data Element Group 5 is an Optional DEG)

DATA ELEMENT GROUP 5 HAS BEEN INTENTIONALLY OMMITTED FROM THIS DOCUMENT AS WE DO NOT COLLECT THE INFORMATION CONTAINED WITHIN.

RETAIL PHARMACY INFORMATION
(Data Element Group 6 is an Optional DEG)

Pharmacy Name		Complete name of pharmacy	Alphanumeric	Required	DEG6
	Chain Number	Identification number assigned to the entity allowing linkage for a business relationship, i.e., chain, buying groups or third party contracting organizations. Also may be known as Affiliation ID or Relation ID	Alphanumeric	Optional	DEG6
	Parent Organization ID	Headquarter address information for chains, buying groups or third party contracting organizations where multiple relationship entities exist and need to be linked to a common organization such as common ownership for several chains	Alphanumeric	Optional	DEG6

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	Payment Center ID	The assigned payment center identifier associated with the provider/corporate entity	Alphanumeric	Optional	DEG6
NCPDP Provider ID Number		The NCPDP-assigned unique identification number	Alphanumeric	Optional	DEG6
Medicaid Provider Number		A number issued to a provider by the U.S. Department of Health and Human Services through state health and human services agencies		Optional	DEG6

<table>
<tr><td colspan="6" style="text-align:center">**FINANCIAL INSTITUTION INFORMATION**
(Data Element Group 7 is a Required DEG)</td></tr>
</table>

Financial Institution Name		Official name of the provider's financial institution		Required	DEG7
Financial Institution Address				Optional	DEG7
	Street	Street address associated with receiving depository financial institution name field	Alphanumeric	Required	DEG7
	City	City associated with receiving depository financial institution address field	Alphanumeric	Required	DEG7
	State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country	Alpha	Required	DEG7
	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	DEG7
Financial Institution Telephone Number		A contact telephone number at the provider's bank	Numeric, 10 digits	Optional	DEG7
	Telephone Number Extension			Optional	DEG7
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	Numeric, 9 digits	Required	DEG7
Type of Account at Financial Institution		The type of account the provider will use to receive EFT payments, e.g., Checking, Saving		Required	DEG7
Provider's Account Number with Financial Institution		Provider's account number at the financial institution to which EFT payments are to be deposited		Required	DEG7
Account Number Linkage to Provider Identifier		Provider preference for grouping (bulking) claim payments – must match preference for v5010 X12 835 remittance advice		Required; select from one of the two 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

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SUBMISSION INFORMATION
(Data Element Group 8 is a Required DEG)

Reason for Submission				Required; select from below	DEG8
	New Enrollment			Optional	DEG8
	Change Enrollment			Optional	DEG8
	Cancel Enrollment			Optional	DEG8
Include with Enrollment Submission				Optional; select from below	DEG8
	Voided Check	A voided check is attached to provide confirmation of Identification/Account Numbers		Optional	DEG8
	Bank Letter	A letter on bank letterhead that formally certifies the account owners routing and account numbers		Optional	DEG8
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	DEG8
	Electronic Signature of Person Submitting Enrollment			Optional	DEG8
	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	DEG8
	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	DEG8
	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	DEG8
Submission Date		The date on which the enrollment is submitted	CCYYMMDD	Optional	DEG8
Requested EFT Start/ Change/ Cancel Date		The date on which the requested action is to begin	CCYYMMDD	Optional	DEG8

Questions? Call **866.506.2830** (Option 1) for assistance.