## **EFT Enrollment Data**



Providers currently set up for electronic remits are eligible to receive electronic fund transfers (EFT). To enroll or make changes to an EFT account, complete and submit this form. Forms must be received by the 15th of the month to begin depositing payment directly to your account by EFT the following month. A confirmation letter will be sent once your request is processed.

For further information on completing this form, please see second page.

This form must be submitted electronically by clicking the **SUBMIT FORM** button at the bottom of this page.

If you are having difficulty submitting the form once completed, please try using another browser (i.e. Chrome, Firefox or Microsoft Edge) or send by email:

- 1. Click on "File" at the top of your screen, select "Save As" and save the completed form on your computer.
- 2. Attach the completed form to an email and send to providerforms@bcbsnd.com.

Note: Please notify your accounts receivable department to expect a phone call confirming the EFT change. If we cannot make contact after three (3) attempts, your request will be considered null and void.

Reason for submission:

New Enrollment

Other

Provider Information

| Provider Information   |   |          |  |
|--|---|----------|--|
| Provider Name  |   |          |  |
| Provider Federal Tax ID Number (TIN) or Employer ID Number (EIN) | National Provider Identifier (NPI)                            |          |  |
| Address  |   |          |  |
| City   | State/Province  | Zip Code |  |
| Financial Institution Information                                |   |          |  |
| Financial Institution Information                                |   |          |  |
| Financial Institution Name                                       |   |          |  |
| Address  |   |          |  |
| City   | State/Province  | Zip Code |  |
| Financial Institution Routing Number                             | Re-enter Financial Institution Routing Number                 |          |  |
| Type of Account at Financial Institution: Checking               | Saving  |          |  |
| Provider's Account Number with Financial Institution             | Re-enter Provider's Account Number with Financial Institution |          |  |

I hereby certify that I am an authorized signer on behalf of the above named provider. I also certify that BCBSND is authorized to enter transactions into the above account. This authorization is to remain in effect until a 30-day written notice is given to BCBSND to cease these transactions.

| Provider Contact Information |               |
|------------------------------|---------------|
| Provider Contact Name        |               |
| Phone Number                 | Email Address |

## **EFT Enrollment Data Instructions**



| Instructions  |   |  |
|---|---|--|
| EFT Form Field  | Description   |  |
| Provider Name   | 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  | 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  | 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 Federal Tax<br>Identification Number (TIN)<br>or Employer Identification<br>Number (EIN) | A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity   |  |
| National Provider<br>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 |  |
| Financial Institution Name  | Official name of the provider's financial institution   |  |
| Street  | 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  | 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<br>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  |  |
| 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  |  |