

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.

Reason for submission: New Enrollment Other

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 Name		
Address		
City	State/Province	Zip Code
Financial Institution Routing Number	Re-enter 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	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

If you are having difficulty submitting the form once completed, please send using one of the following methods:

- **Email:**
 - Click on "File" at the top of your screen
 - Click on "Save As"
 - Save the completed form on your computer
 - Attach the completed form to an email and send to providerforms@bcbsnd.com
- **Fax: 701-282-1910**
- **Mail: 4510 13th Ave. S.
Fargo, ND 58121**

EFT Enrollment Data Instructions



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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
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 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 ¹⁷
National Provider Identifier (NPI) ¹⁸	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 ¹⁹
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 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