

	F	ROVIDER	INFO	RMATI	ON											
1Provider Name:																
<sub>2</sub> Provider Address - Street:																
зCity:	4State/Province: 5ZIP Code/				e/ Po	Postal Code:										
	PROVID	ER IDENTI	IFIER	S INFO	RMATION											
6Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):																
National Provider Identifier (NPI):																
PROVIDER CONTACT INFORMATION																
8Provider Contact Name:																
9Telephone Number: ( )	-	10Email Ac	ddres	s:												
	FINANC	IAL INSTIT	UTIO	N INFO	RMATION											
11Financial Institution Name:																
12Financial Institution Address - Stre	et:															
13City:	14State/Province: 15ZIP Code/ Postal Code:															
16Financial Institution Telephone Number: ( ) -																
17Financial Institution Routing Number	r:															
18Type of Account at Financial Institut	tion: Ch	ecking		Savings	3			I		1				1		
19Provider's Account Number with Financial Institution:																
20Account Number Linkage to Provide	er Identifier - Provi	der Tax Ide	ntifica	ation Nu	mber (TIN)	)	1 1	11_								
	SI	JBMISSION	N INF	ORMAT	ION							<u> </u>				
Reason for Submission (check one)	New Enrollment	t		Chan	ge Enrollme	ent				anc	el E	nrol	lmer	nt		
Note: You must notify ConnectiCare's Financial Operations Department at least 10 business days prior to changing or cancelling your bank information. For information on Electronic Remittance Advice (ERA), contact your clearinghouse.																
21Authorized Signature — I authorize ConnectiCare to remit payment via electronic transfer to the financial institution account listed above. In addition, I understand that by signing this form I will not receive a paper Explanation of Payment (EOP) with each payment, but will have access to EOP statements online via ConnectiCare's provider portal.							,									
22Written Signature of Person Submitting Enrollment:																
23Printed Name of Person Submitting Enrollment:																
24Submission Date:																
Instructions:																
You may mail this form to: Finance Department-EFT Processing, ConnectiCare, 175 Scott Swamp Road, Farmington, CT 06034; fax the form to: (860) 674-2215; or Email to: Finance@ConnectiCare.com. If you have any questions, please call provider services at (800) 828-3407.						<del>,</del>										
You must contact your financia data elements needed for reas		-		e full d	elivery of	the	COR	RE-re	equi	red	miı	nim	ium	CC	D+	Τ

Internal Use Only	
Form Received:	EFT Effective Date:

Electronic Funds Transfer (EFT) Authorization Agreement (Instructions)					
	PROVIDER INFORMATION				
1Provider Name:	Complete legal name of institution, corporate entity, practice or individual provider				
<sub>2</sub> Provider Address - Street:	The number and street name where a person or organization can be found				
зCity:	City associated with provider address field				
4State/Province:	ISÓ 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country				
5ZIP 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				
6Provider 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				
7National 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				
	PROVIDER CONTACT INFORMATION				
8Provider Contact Name:	Name of a contact in provider office for handling EFT issues				
9Telephone Number:	Associated with contact person				
10Email Address:	An electronic mail address at which the health plan might contact the provider				
FINANCIAL INSTITUTION INFORMATION					
11Financial Institution Name:	Official name of the provider's financial institution				
12Financial Institution Address - Street:	Street address associated with receiving depository financial institution name field				
13City:	City associated with receiving depository financial institution address field				
14State/Province:	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country				
15ZIP 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				
16Financial Institution Telephone Number:	A contact telephone number at the provider's bank				
17Financial Institution Routing Number:	A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited				
18Type of Account at Financial Institution:	The type of account the provider will use to receive EFT payments, e.g., Checking, Saving				
19Provider's Account Number with Financial Institution:	Provider's account number at the financial institution to which EFT payments are to be deposited				
20Account Number Linkage to Provider Identifier	Provider preference for grouping (bulking) claim payments – must match preference for v5010 X12 835 remittance advice - Provider Tax Identification Number (TIN)				
	SUBMISSION INFORMATION				
21Authorized 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				
22Written Signature of Person Submitting Enrollment:	A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity				
23Printed Name of Person Submitting Enrollment:	The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment				
24Submission Date:	The date on which the enrollment is submitted				
Additional Information:					

For more information on EFT Enrollment please refer to ConnectiCare's Provider Portal -  $\underline{ \text{http://www.connecticare.com/provider/Commercial/EFT.aspx} }$