



Electronic Funds Transfer (EFT) Authorization Agreement

PROVIDER INFORMATION

1 Provider Name:

2 Provider Address - Street:

3 City:	4 State/Province:	5 ZIP Code/ Postal Code:
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PROVIDER IDENTIFIERS INFORMATION

6 Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):

7 National Provider Identifier (NPI):

PROVIDER CONTACT INFORMATION

8 Provider Contact Name:

9 Telephone Number: () -	10 Email Address:
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FINANCIAL INSTITUTION INFORMATION

11 Financial Institution Name:

12 Financial Institution Address - Street:

13 City:	14 State/Province:	15 ZIP Code/ Postal Code:
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16 Financial Institution Telephone Number: () -

17 Financial Institution Routing Number:

18 Type of Account at Financial Institution:	Checking	Savings
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19 Provider's Account Number with Financial Institution:

20 Account Number Linkage to Provider Identifier - Provider Tax Identification Number (TIN)

SUBMISSION INFORMATION

Reason for Submission (check one) New Enrollment Change Enrollment Cancel Enrollment

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.

21 Authorized 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.

22 Written Signature of Person Submitting Enrollment:

23 Printed Name of Person Submitting Enrollment:

24 Submission 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.

You must contact your financial institution to arrange for the full delivery of the CORE-required minimum CCD+ data elements needed for reassociation of the payment.

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
2Provider Address - Street:	The number and street name where a person or organization can be found
3City:	City associated with provider address field
4State/Province:	ISO 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 - <http://www.connecticare.com/provider/Commercial/EFT.aspx>