CareFirst
The CareFirst BlueCross BlueShield family of health care plans.

REV 2013.10.09.1

Automatic Deposit (EFT/ACH Credits) Authorization Agreement and Contact Information

*All fields are required. See instructions on next page.

PROVIDER INFORMATION

Provider Name:	Street:		
City:		State/Province:	ZIP Code/Postal Code:

PROVIDER IDENTIFIERS

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

PROVIDER CONTACT INFORMATION

Provider Contact Name:	Telephone Number:
Email Address:	Fax Number:

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name:	Street:		
City:		State/Province:	ZIP Code/Postal Code:

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 (select one):
- ☐ Provider Tax Identification Number (TIN):
- ☐ National Provider Identifier (NPI):

SUBMISSION INFORMATION

Reason for Submission (select one): ☐ New Enrollment ☐ Change Enrollment ☐ Cancel Enrollment

Include with Enrollment Submission (select one): ☐ Voided Check ☐ Bank Letter

Attach a voided check to this space.

OR

Attach a copy of a bank letter after this form.

The name, address, account and routing numbers must be viewable.
Bank deposit tickets, bank statements, and other items will not be accepted in lieu of a voided check or bank letter.

***Notify the bank to arrange for the delivery of the CORE-required minimum CCD+ data elements necessary for successful EFT payment and re-association with the electronic remittance advice (ERA).**

I (we) understand that by using CareFirst BlueCross BlueShield Electronic Funds Transfer, we will no longer receive printed voucher summaries.

I (we) certify that I am a duly authorized signer of the above designated bank account and as such hereby authorize CareFirst, and Independent Licensee of the Blue Cross and Blue Shield Association, to initiate credit entries and, if and only to the degree necessary for any credit entries initiated in, debit entries to my (our) account indicated above and authorize the depository indicated above, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authorization is to remain in full force and effective until CareFirst has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CareFirst and DEPOSITORY a reasonable opportunity to act on it. In the event CareFirst finds it necessary to initiate a correcting debit or credit entry, the account holder will be notified in advance. Modifications to this agreement will result in an automatic denial of your request to establish automatic deposit. "CareFirst" refers to CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc.

Authorized Signature:	Submission Date:	Requested EFT Start/Change/Cancel Date:

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Instructions

1. Complete the form (type all responses). For information about a field on the form, refer to the field descriptions below.
2. Attach a voided check in the space provided on the form or attach a copy of a bank letter after the form.
3. Send the completed form via e-mail to EFTenrollment@availity.com or via fax to 904-470-4781.

What information do I need to provide to the bank?

You must contact your financial institution to arrange for the delivery of the CORE-required minimum CCD+ data elements needed for re-association of the EFT payment and the ERA. When you contact the bank, you must provide the bank with the following CCD+ data elements:

- Effective Entry Date
- Amount
- Payment-Related Information

Who do I contact if I have questions?

If you have questions regarding the EFT enrollment process, contact Availity Client Services at 1.800.AVAILITY (282.4548).

Field	Description
PROVIDER INFORMATION	
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/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	
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.
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.
Assigning Authority	Organization that issues and assigns the additional identifier requested on the form, e.g., Medicare, Medicaid.
PROVIDER CONTACT INFORMATION	
Provider Contact Name	Name of a contact in provider office for handling EFT issues.
Telephone Number	Associated with contact person.
Email Address	An electronic mail address at which the health plan might contact the provider.
Fax Number	A number at which the provider can be sent facsimiles.

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Instructions (continued)

Field	Description
FINANCIAL INSTITUTION INFORMATION	
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/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.
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.
Account Number Linkage to Provider Identifier	Provider preference for grouping (bulking) claim payments—must match preference for v5010 X12 835 remittance advice. Select one of the following options: • **Provider Tax Identification Number (TIN)** – Enter a TIN in the field provided if you select this option. • **National Provider Identifier (NPI)** – Enter an NPI in the field provided if you select this option.
SUBMISSION INFORMATION	
Reason for Submission	Select one of the following options: • **New Enrollment** • **Change Enrollment** • **Cancel Enrollment**
Include with Enrollment Submission	Select one of the following options: • **Voided Check** – A voided check is attached to provide confirmation of Identification/Account Numbers. • **Bank Letter** – A letter on bank letterhead that formally certifies the account owners routing and account numbers.
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.
Submission Date	The date on which the enrollment is submitted.
Requested EFT Start/Change/Cancel Date	The date on which the requested action is to begin.