ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

ATTACH ORIGINAL VOIDED CHECK HERE

NAME
ADDRESS
CITY, STATE ZIP

0123
01-2345/6789

DATE

PAY TO THE ORDER OF $

DOLLARS

BANK NAME
ADDRESS
CITY, STATE ZIP

FOR

⑆012345678⑆ 01234567890123⑈ 0123

VOID

To request EFT of New York Medicaid funds, complete all sections of the form below.
Questions about completing this form should be directed to eMedNY Call Center at 1-800-343-9000.
Providers will be sent a letter indicating when the new remittance advice option will begin.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

INSTRUCTIONS FOR COMPLETING THIS FORM FOLLOW ON PAGES 3-5

Provider Information

Provider Name ______________________________

Provider Address

Street ______________________________

City ______________ State/Province ________ ZIP Code/Postal Code ______________

Provider Identifiers Information

Provider Identifiers

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

National Provider Identifier (NPI) *(Required, unless exempt)*: ______________

Other Identifiers – Assigning Authority – New York Medicaid

Trading Partner ID: **MMIS Provider ID #** *(Required, if NPI exempt)*: ______________

Provider Contact Information

Provider Contact Name

Contact ______________________ Telephone Number ______________ Extension ____

Email Address ______________________ Fax Number ______________

Financial Institution Information

Financial Institution Name ______________________________

Financial Institution Address

Street ______________________________

City ______________ State/Province ________ ZIP Code/Postal Code ______________

Financial Institution Routing Number	
Type of Account at Financial Institution (Check one)	☐ CHECKING **OR** ☐ SAVINGS
Provider's Account Number with Financial Institution	
Account Number Linkage to Provider Identifier Provider Tax Identification Number (TIN) OR National Provider Identifier (NPI)	LEAVE THIS SECTION BLANK

Submission Information

Reason for Submission	☐ New Enrollment	**OR**	☐ Change Enrollment
Include with Enrollment Submission	☐ Original Voided Check	**OR**	☐ Original Bank Letter

Authorized Signature: If submitting the form for a practitioner, the practitioner must sign below.

If submitting this form for a group, business or institution, the authorized representative must sign below.

______________________________ ______________________________

Written Signature of Person Submitting Enrollment *Submission Date*

______________________________ ______________________________

Printed Name of Person Submitting *Printed Title of Person Submitting Enrollment*

CSC as the eMedNY Fiscal Agent contractor for the New York State Department of Health will have the right to recover any amount that has been credited to your account incorrectly.

FOR CSC USE ONLY – DO NOT WRITE

Date Received: ______________

Pick Up Indicator: No: ☐ Yes: ☐ Facility Location: ______________

Processed by: ______________ Date: ______________

Authorized by: ______________ Date: ______________

Effective Start Date: ______________ Cycle #: ______________

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

1. To successfully authorize the use of Electronic Funds Transfer for the depositing of New York Medicaid funds, providers and group practices must perform all steps listed below.

**** All Sections of the EFT form must be complete and legible; otherwise the request will not be processed and returned to the provider. ****

Provider Information

Step 1. Enter the providers'/organizations' name and address exactly as it was filed with Medicaid. This is the address as it appears on your current checks and remittance statements, if any. If you are unsure of the name and address on file with Medicaid, contact the eMedNY Call Center at 1-800-343-9000.

Provider Identifiers Information

Step 2. Enter the providers'/organizations' Social Security Number or Tax ID supplied to Medicaid at the time of enrollment. For established providers/organizations, the Tax ID can be found on the 1099 tax form.

Step 3. Complete one of the following based on your provider type.

- **For Individual Providers:** Enter the MMIS Provider ID or NPI in the applicable section. Enter only one provider number per application form.
- **For Multiple Providers:** Providers with multiple provider numbers (Medicaid number or NPI) must submit a signed attachment on original letter head listing all MMIS ID's and NPIs to be placed on EFT.
- **For Group Practices:** Enter the group NPI if payment is made to a group practice. Enter only one provider number per application form. **Provider Groups that receive payments under the Group number need only complete a single enrollment form for the Group NPI.** However, members of Provider Groups who also bill individually may enroll by submitting a separate enrollment form using their individual Provider number.

Provider Contact Information

Step 4. Provide a contact name, telephone number, and email (if available) should additional information be required.

Financial Institution Information

Step 5. Enter the name and address of the banking institution to which funds are to be transferred.

Step 6. Enter the routing number and account number for the checking or savings account to which funds are to be transferred. Both numbers can be found at the bottom of your check or letter from a banking officer.

Submission Information

Step 7. Be sure to include the required documents. Check the appropriate box for the document included with this form.

Step 8. Indicate if this is a new or change in EFT enrollment.

a. **For providers already enrolled in Medicaid, check CHANGE IN ENROLLMENT. Please see page 5 for further instructions on changing banking information.**

b. **Enrolling providers must choose NEW ENROLLMENT.**

Step 9. The form must be completed with an original signature of the provider or designated practice or business representative and date signed. Requests from individual practitioners must be signed by the practitioner. Requests from groups, business, or institutions must be signed by an authorized representative. The Title of provider or practice or business representative must be indicated.

2. **Attach one of the following banking documents to the first page of EFT Authorization Form packet:**

   a. **For Checking Accounts:** An **original** blank check from the checking account to which the funds are to be transferred. The word "VOID" must be written across the face of the check. The check must contain the name and address of the provider or provider organization.

   b. **For deposit-only checking accounts** (and you do not have checks) **or a savings account:** Submit an **original** letter from a bank officer. The letter must be on bank letterhead, signed by a bank officer, notarized by a notary public, and include the following information:

      1. the bank's name and address
      2. routing number
      3. the type of account
      4. account number
      5. the account owner's name
      6. owner's address
      7. owner's tax id

3. Mail the form (pages 1 and 2) and all attachments to:

Attention: EFT Processing
Computer Sciences Corporation
P.O. Box 4616
Rensselaer, NY 12144-4616

EFT Authorization Forms that do not comply with these instructions will be rejected.

Questions about form completion should be directed to the eMedNY Call Center.

Providers who have not received their EFT or Remittance Statement within 4 business days of each other should contact the eMedNY Call Center.

1-800-343-9000

In addition to the above, if the provider needs the CCD+ reassociation data elements to link the ERA to the payment, the provider must contact their financial institution, not eMedNY, to arrange for the delivery of the CORE required minimum CCD+ data elements. See Phase III CORE 370 EFT & ERA Reassociation (CCD+/835) Rule, for more details.

http://www.caqh.org/CORE_phase3.php

What to Expect

Allow a minimum of 6-8 weeks for your request to be processed. During the process period a test transaction for one cent will be transferred to your account.

For providers who have claims paid within a particular payment cycle, Medicaid funds are normally scheduled to be transferred on Wednesday afternoons. Due to normal banking procedures, the funds may not become available in the provider's chosen account for up to 48 hours from the initial transfer. Contact your banking institution with questions about the availability of funds.

EFT does not waive the two week lag for release of Medicaid payments.

Instructions to Change Banking Information

To change banking information, providers must send the following:

1. Complete an EFT Authorization Form with the new banking information. The form must be signed with an original signature and title must be indicated.

2. Attach a defaced/voided check with the new account number and/or routing number to the new authorization form. If the account is a "deposit only" account, attach a signed, notarized letter from your banking institution indicating the new account number and/or routing number. **Regardless of what is being updated, both the account number and routing number must always be indicated.**

3. Attach a letter indicating changes to your account to the new authorization form. The letter must be on company letterhead and include any provider number(s) (MMIS and NPI), new account number and/or routing number and a brief explanation for the change. The letter must have an original signature and title must be indicated.

Payments will automatically transfer back to paper for a two week time frame while your EFT is being set up on your new account.

To avoid a delay in payment please DO NOT close your old account until your new account is set up and receiving payments.

Instructions to Cancel EFT Transactions

To cancel EFT transactions:

1. Submit a written notice, including the provider number(s), applicable MMIS and/or NPIs, to the address above.

2. Verify your Pay-to Address on file is correct by calling the eMedNY Call Center at 1-800-343-9000. If the address needs to be updated, a Change of Address Form is available at www.emedny.org.

Allow 5-6 weeks to transition to a **paper check**.

To avoid a delay in payment please DO NOT close your account until all outstanding payments have been received.