

Instructions for Electronic Funds Transfer (EFT) Authorization Agreement

This form should be completed for Billing Providers associated with Driscoll Health Plan.

The form should be mailed to the address indicated on each of these Health Plans' EFT Authorization Agreements. If a billing provider group exists under one TIN or EIN, please indicate each NPI in the space provided or attach a separate list of applicable NPIs under the group.

- 1. Provider/Billing Provider Name:** Complete legal name of institution, corporate entity, practice, or individual provider.
- 2. Doing Business As (DBA):** A legal term used in the United States meaning that the trade name, or fictitious business name, under which the business or operation is conducted and presented to the world is not the legal name of the legal person (or persons) who own it and are responsible for it.
- 3. Provider/Billing Provider Street Address:** The number and street name where a person or organization can be found.
- 4. Provider/Billing Provider City:** City associated with provider address field.
- 5. Provider/Billing Provider State/Province:** ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.
- 6. Provider/Billing Provider 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.
- 7. Provider Tax Identifier (TIN) or Employer Identifier (EIN):** A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.
- 8. 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.
- 9. Assigning Authority:** Organization that issues and assigns the additional identifier requested on the form, e.g., Medicare, Medicaid.

- 10. Trading Partner ID:** The provider's submitter ID assigned by the health plan or the provider's clearinghouse or vendor. For purposes of Texas Medicaid, this would be the state issued Texas Provider Identifier (TPI).
- 11. Provider/Billing Provider Contact Name:** Name of a contact in provider office for handling EFT issues.
- 12. Provider/Billing Provider E-mail Address:** An electronic mail address at which the health plan might contact the provider.
- 13. Provider/Billing Provider Phone Number:** Associated with contact person.
- 14. Provider/Billing Provider Fax Number:** A number at which the provider can be sent facsimiles.
- 15. Financial Institution Name:** Official name of the provider's financial institution.
- 16. Financial Institution Street Address:** Street address associated with receiving depository financial institution name field.
- 17. Financial Institution Telephone Number:** A contact telephone number at the provider's bank.
- 18. Financial Institution City/State/Zip:**
- **City** - City associated with receiving depository financial institution address field
 - **State** - ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country²⁶
 - **Zip** - 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
- 19. 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.
- 20. Type of Account at Financial Institution:** The type of account the provider will use to receive EFT payments: Checking or Saving.
- 21. Provider's Account Number at Financial Institution:** Provider's account number at the financial institution to which EFT payments are to be deposited. Please attach a copy of voided check or bank letter. If submitting application electronically scan and email the or mail to address on the form.
- 22. Provider Preference for Grouping Claim Payments:** Provider preference for grouping (bulking) claim payments – must match preference for v5010 X12 835 remittance advice. Select one:
- **(TIN)** Provider Tax Identification Number
 - **(NPI)** National Provider Identifier



23. Reason for Submission: (Select One)

- New Enrollment
- Change Enrollment
- Cancel Enrollment

24. Authorizing 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.

25. Date Signed: Date the form is signed.

26. Printed Name: The printed name of the person signing the form.

27. Title of Signatory: The printed title of the person signing the form.