

## **Instructions for Electronic Funds Transfer (EFT) Authorization Agreement**

Driscoll Health Plan (DHP) accepts EFT Authorization Agreement requests submitted directly from the Billing provider and not from a third party. Submission of a voided check (front and back copy) or Bank verification letter (dated within six months, with appropriate bank representative signature) is required to process this request. Once completed, this form (along with appropriate attachments) should be emailed to [DHPContracting@dchstx.org](mailto:DHPContracting@dchstx.org).

1. **Request Reason:** Nature of request, either new request, change of existing EFT, or cancellation of existing EFT
2. **Effective Date:** Specify start date for request
3. **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.
4. **National Provider Identifier (NPI):** Enter Billing provider NPI. 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.
5. **Provider/Billing Provider Name:** Complete legal name of institution, corporate entity, practice, or individual provider.
6. **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.
7. **Provider/Billing Provider Street Address:** The number and street name where a person or organization can be found.
8. **Provider/Billing Provider Telephone Number:** The telephone number for the person or organization.
9. **Provider/Billing Provider City/State/Zip Code:** City, State, and Zip Code associated with the provider address field.
10. **Financial Institution Name:** Official name of the provider's financial institution.
11. **Financial Institution Telephone Number:** A contact telephone number at the provider's bank.

- 12. Financial Institution Street Address:** Street address associated with receiving depository financial institution name field.
- 13. Type of Account:** The type of financial institution account, associated with the EFT authorization: Checking or Saving.
- 14. Financial Institution City/State/Zip:** City, State, and Zip Code associated with the financial institution.
- 15. 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.
- 16. Legal Name on Account:** The legal name associated with the financial institution account.
- 17. Financial Institution Routing Number:** Financial Institution Routing Number.
- 18. Provider Account Number:** Provider's account number at the financial institution to which EFT payments are to be deposited.
- 19. Requester Name:** Name of a contact in the provider office submitting request.
- 20. Requestor Email:** Email associated with the provider office contact.
- 21. Current Financial Institution Name:** Required if the request is associated with a change to the current EFT authorization.
- 22. Current Legal Name on Account:** Required if the request is associated with a change to the current EFT authorization.
- 23. Current Provider Account Number:** Required if the request is associated with a change to the current EFT authorization.
- 24. Current Financial Institution Routing Number:** Required if the request is associated with a change to the current EFT authorization.
- 25. YES, Paper EOP Requested:** Check to indicate if paper copies of Explanation of Payment (EOP) are requested; if unchecked, EOPs are issued electronically.
- 26. Authorizing Signature:** The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an EFT authorization agreement.
- 27. Date Signed:** Date the form is signed.
- 28. Printed Name:** The printed name of the person signing the form.
- 29. Title of Signatory:** The printed title of the person signing the form.