

## Electronic Funds Transfer (EFT)

Asuris Northwest Health offers participating physicians, dentists, other health care professionals and facilities the option of having claim payments deposited directly into their bank account.

### Advantages

- Accelerate delivery of claims payments
- Eliminate possible lost or stolen checks
- Software systems at many provider offices can automatically reconcile payments received against claims posted when EFT is used in combination with electronic remittance advices (ERA 835)

### Getting Started

To enroll in EFT you must receive your remittance advices via one of the following options:

- The Provider Center, our free, secure online tool. Learn more and register at **[www.asuris.com/provider/provider-center](http://www.asuris.com/provider/provider-center)**
- American National Standards Institute (ANSI) 835 Electronic Remittance Advice (ERA), using one of our claims clearinghouse partners:
  - Availity® - Learn more and register at **[www.availity.com/providers](http://www.availity.com/providers)**
  - Office Ally™ - Learn more and register at **[www.officeally.com](http://www.officeally.com)**
  - Secure EDI - Learn more and register at **[www.secureedi.com/providers.aspx](http://www.secureedi.com/providers.aspx)**

To enroll:

- Print and complete the *Automatic Deposit (EFT/ACH Credits) Authorization and Contact Information* form on the next pages including authorized signature(s)
- Attach a voided check or a copy of a bank letter with account information on page two of the form
- Submit the completed form and check copy or bank letter via:
  - Secure fax transmission to 1 (888) 875-6905
  - Email as a scanned attachment to **[eft@asuris.com](mailto:eft@asuris.com)**

You will receive an email from us when your request is received and another one when your EFT set-up is complete. Please include an active email account.

Note: EFT deposits for all Asuris medical and dental products will be made two business days after the payment voucher date to comply with National Automated Clearing House Association (NACHA) guidelines.

### Updating Your Account Information

If you change bank accounts, please use this form to submit changes. Keep your existing account open until the EFT is transferred to the new account.





**AUTOMATIC DEPOSIT (EFT/ACH CREDITS) AUTHORIZATION AGREEMENT AND CONTACT INFORMATION**

*All fields are required*

Date: \_\_\_\_\_

Provider Organization Name: \_\_\_\_\_

Tax Identification (ID): \_\_\_\_\_

Please set-up all National Provider Identifier (NPI)(s) related to above Tax ID. In the space below, please note additional information (e.g., individual NPI's that are not included in EFT) that will assist us in setting up your EFT.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company EFT Contact: \_\_\_\_\_

Company Address (street, city, state, ZIP): \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I (we) understand that by using Asuris Electronic Funds Transfer, we will no longer receive paper copies of payment vouchers. I (We) have selected the option below to receive our payment information:

835 Electronic Remittance Advice Transactions through Availity, LLC, Office Ally or Secure EDI.  
List clearinghouse name \_\_\_\_\_

Download from the Provider Center (This option requires current registration)

*\*Note:* Separate enrollment is required for 835 Electronic Remittance Advice Transactions and the Provider Center. Visit our *Provider Web Site* to learn more.



**AUTOMATIC DEPOSIT (EFT/ACH CREDITS) AUTHORIZATION AGREEMENT  
AND CONTACT INFORMATION**

**Bank Account Information**

Depository/Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit/ABA Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Select One:      Checking Account      Savings Account

Select One:      New Request      Change to existing bank account

**TAPE A VOIDED CHECK IN THE SPACE BELOW AND COPY FOR FAXING/SCANNING OR  
ATTACH A COPY OF A BANK LETTER WITH ACCOUNT INFORMATION**

I (we) hereby authorize Asuris Northwest Health to initiate credit entries and to initiate, if necessary and limited to, debit entries and adjustments for any credit entries in error to my (our) account indicated above and 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 effect until Asuris has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Asuris and DEPOSITORY a reasonable opportunity to act on it.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*(If co-signer required on account)*

**Scan and email completed request to: [eft@asuris.com](mailto:eft@asuris.com) or  
Fax using our secure fax to: 1 (888) 875-6905**