

Electronic Funds Transfer (EFT) Authorization Agreement

Please complete all fields on page 1 and 2 of this form. Form Completion Guidelines and Terms and Conditions can be found on pages 2 and 3. Please retain a copy of the completed form for your records. Email to: **WRVerification@hnfs.com**

Please Note: This application will be verified with a confirmed entity within your organization before processing.

Provider Information

Provider Name (legal practice name, not rendering provider):

Provider Address: (physical address)	Street:	City:	State:	ZIP:
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Provider Identifiers Information

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):	National Provider Identifier (NPI):
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NOTE: Payment for all locations of the above NPI will be transmitted to the financial institution transit/routing and account number indicated on this EFT Authorization Agreement. Payments are made at the NPI level. If a specific location requires payment to a different account, it must have a different NPI and you must complete a separate EFT form.

Provider Contact Information

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

Provider Agent Information

Provider Agent Name:				
Agent Address:	Street:	City:	State:	ZIP:
Provider Agent Contact Name:		Title:		
Telephone Number:	Fax Number:	Email Address:		

Financial Institution Information

Financial Institution Name:	Financial Institution Routing Number:	Type of Account at Financial Institution (check one): <input type="checkbox"/> Savings <input type="checkbox"/> Checking
Provider's Account Number with Financial Institution:	Account Number Linkage to Provider Identifier <i>Provider payments and remittances are issued at the NPI level. Provider preference for grouping (bulking) claim payments must match preference for V5010 X12 835 remittance advice.</i>	

Note: If enrolled for 835 Electronic Remittance Advice (ERA), the provider must contact their financial institution to arrange for the delivery of the CORE-required minimum CCD+ data elements needed for association of the payment and the 835 ERA.

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Submission Information

Reason for Submission:	New Enrollment *Include two TRICARE West Region check numbers received within the last 30 days from separate payment dates	Check number: _____
		Check number: _____
	Change Enrollment *Include previous routing & account numbers used for receiving EFT payments	Routing number: _____ Account number: _____
	Cancel Enrollment *Include previous routing & account numbers used for receiving EFT payments	Routing number: _____ Account number: _____
Include with Enrollment Submission: <i>*Bank letter must be signed and dated within the last year</i>		<input type="checkbox"/> Voided Check <input type="checkbox"/> Bank Letter
Written Signature of Person Submitting Enrollment:		
Printed Name of Person Submitting Enrollment:		
Printed Title of Person Submitting Enrollment:		
Submission Date:		Request EFT Start/Change/Cancel Date:

Form Completion Guidelines

- Please type or print legibly using blue or black ink.
- Once enrolled, EFT payments that have not been received after four (4) business days of receipt of the corresponding ERA, online, or paper remittance can be researched by calling TRICARE West Region Customer Service at **1-844-866-9378**.
- If you have any questions regarding the information contained in the EFT Authorization Agreement, please contact the TRICARE West Customer Service at **1-844-866-9378**.
- Fax the completed form along with required documentation to **WRVerification@hnfs.com**.

Provider Information

Provider Name	Complete legal name of institution, corporate entity, practice or individual provider. The provider name submitted must be for the PRACTICE, not a rendering provider.
Provider Address	The address submitted must be a PHYSICAL address.

Provider Identifiers

Provider Federal Tax Identification Number (TIN)	A federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.
National Provider Identifier (NPI)	The NPI submitted must be for the PRACTICE, not a rendering provider. A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard, the NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. Providers who have subparts that conduct separate HIPAA standard transactions must have their own unique NPI. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means the numbers do not carry other information about health care 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.

Provider Contact Information

Provider Contact Name	Name of contact in provider's 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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Provider Agent Information

Provider Agent Name	Name of provider's authorized agent (authorized to act on behalf of another, a principal, to legally bind an individual in particular business transactions with third parties pursuant to an agency relationship.)
Agent Address	The location where a person or organization can be found
Provider Agent Contact Name	Name of a contact in agent 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

Financial Institution Information

Financial Institution Name	Official name of the provider's financial institution.
Financial Institution Routing Number	A 9-digit identifier of the financial institution where the provider maintains an account to which payments are deposited.
Type of Account at Financial Institution	The type of account the provider will use to receive EFT payments (for example, checking, savings).
Provider Account Number with Financial Institution	Provider's account number at the financial institution to which EFT payments are to be deposited.

Submission Information

Reason for Submission	New Enrollment, Change Enrollment, Cancel Enrollment
Include with Submission	Voided Check – A voided check is attached to provide confirmation of Identification/ Account Numbers.
	Bank Letter – A letter on bank letterhead that has been signed and dated within the last year which formally certifies the account owners routing and account numbers.
Written Signature of Person Submitting Enrollment	A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity.
Printed Name of Person Submitting Enrollment	The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment.
Printed Title of Person Submitting Enrollment	The printed title of the person signing the form; 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.

Terms and Conditions for Electronic Funds Transfer

By completing and submitting this form, the individual and/or entity identified on this EFT Authorization Agreement (User) agrees to accept payment by PGBA, LLC (PGBA) through EFT. Additionally, User acknowledges and agrees that all payments shall be made in accordance with the information supplied on this Electronic Funds Transfer Authorization Agreement and that PGBA and/or Health Net Federal Services, LLC (HNFS) shall be entitled to rely exclusively upon such information. This agreement applies to and amends all existing agreements with PGBA and/or HNFS regarding EFT by incorporating the following terms and conditions for electronic payment.

PGBA will initiate payment to you based on the following:

1. PGBA will transfer funds electronically to the financial institution and account number User registers on this EFT Authorization Agreement.
2. PGBA will make payments in accordance with and be governed by the National Automated Clearinghouse Association's Corporation Trade Payment Rules. PGBA's process is governed by and in accordance with the laws, other than choice of law provision of any particular contract, of South Carolina and amended from time to time.
3. Neither PGBA nor HNFS shall be liable for any loss which may arise solely by reason of error, mistake, or fraud regarding this information. User understands that user must communicate any change in this information to PGBA. This communication must be in the form of a new EFT Authorization Agreement emailed to: **WRVerification@hnfs.com**.
4. Payment is initiated within the normal terms of HNFS' agreement with User and/or applicable TRICARE procedures. These EFT terms and conditions neither enlarge nor diminish the parties' respective rights and obligations within any such applicable agreement. The payment due date is not affected. We will consider payment made when the financial institution listed on this EFT Authorization Agreement has received or has control of the payment transaction. This will generally occur within three (3) calendar days following initiation by PGBA. If payment is initiated on a non-banking day at PGBA's originating bank, the funds transfer will occur the following banking day. In all cases, "Banking Day" is defined as the day on which both trading partners' banks are available to transmit and receive these fund transfers.
5. With respect to the EFT reimbursement process, PGBA is responsible up to the point where the financial institution listed on this EFT Authorization Agreement receives or has control of the transaction. Any loss of data at that point will be borne by User unless the loss is due solely to the negligence of PGBA or its originating bank.

User hereby represent that the individual submitting this EFT Authorization Agreement is authorized to enter into this agreement, disburse funds, sign checks and modify account information for the provider locations listed in this EFT Authorization Agreement.