

Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) Enrollment

Provider Information

Provider's Name: _____ National Provider Identifier (NPI): _____

Provider's Address: _____

Provider's Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): _____

Provider's Contact Information

Provider's Contact Name: _____

Job Title: _____

Telephone Number: (____) _____ - _____ Ext: _____

Email Address: _____

Financial Institution Information

Financial Institution's Name: _____

Street: _____

City: _____ State: _____ ZIP Code: _____

Financial Institution's Telephone Number: (____) _____ - _____ Ext: _____

Financial Institution's Routing Number: _____

Type of Account at Financial Institution: Checking: _____ Savings: _____

Provider's Account Number with Financial Institution: _____

Enrollment

New Enrollment: Select if you do not currently receive EFTs from us and need to add a bank account.

Change Enrollment: Select if you already receive EFTs from us and need to update your bank account.

Choose Enrollment Type: New Enrollment: _____

Change Enrollment: _____

Requested EFT Start/Change Date (mm/dd/yyyy): ____/____/____

**Please note when a new bank account is loaded, it requires a test period. Testing can last two to four weeks, depending on how often you file claims. You will receive an email from the EFT department with your new EFT effective date once your enrollment has been completed.*

Signature

For more information contact Provider.egt@bcbsc.com.

Authorized Signature: _____