

HealthPlus of Michigan
Electronic Funds Transfer (EFT) Authorization Agreement
Instructions for Completing the Enrollment Form

Please type the information required below. We will not accept handwritten forms

Please allow four weeks for enrollment process which includes pre-note verification. If after four weeks you do not start receiving EFT payments, you may contact the EDI Coordinators at 810-230-2084 or email at edicoordinator@healthplus.org. Please note that with EFT enrollment it is mandatory to view your explanation of payments electronically through Reveal Report Portal on our website: www.healthplus.org. If you do not have Reveal access please complete a Provider log in access form which can be obtain at our website under providers/forms and downloads/provider log in access form.

For questions about the paper or electronic enrollment process, please call the EDI Coordinators at 810-230-2084 or email at edicoordinator@healthplus.org.

Provider Information – Please fill out completely

Provider Name: Complete legal name of institution, corporate entity, practice or individual provider

Provider Address:

Street: The number and street name where a person or organization can be found.

City: City associated with provider address field.

State/Province: ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.

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.

Provider Identifiers

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.

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.

Trading Partner ID: The provider's submitter ID assigned by the health plan or the provider's clearinghouse or vendor.

Provider Contact Information

Provider Contact Name: Name of a contact in provider 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.

Financial Institution Information

Financial Institution Name: Official name of the provider's financial institution.

Financial Institution Address:

Street: The number and street name where a person or organization can be found

City: City associated with provider address field.

State/Province: ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.

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.

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.

Type of Account at Financial Institution: The type of account the provider will use to receive EFT payments, e.g., Checking, Saving.

Provider's Account Number with Financial Institution: Provider's account number at the financial institution to which EFT payments are to be deposited.

Account Number Linkage to Provider Identifier: Provider preference for grouping (bulking) claim payments – must match preference for v5010 X12 835 remittance advice.

Select from one of the two below

Provider Tax Identification Number (TIN): Optional – required if NPI is not applicable.

National Provider Identifier (NPI): Optional – required if TIN is not applicable.

Reason for Submission: Must select one from below

New Enrollment

Change Enrollment

Cancel Enrollment

Include with Enrollment Submission: Must select one from below, note that a copy of a voided check is needed if checking account is being used.

Voided Check – A voided check is attached to provide confirmation of Identification/Account Numbers.

Bank Letter – A letter on bank letterhead that formally certifies the account owners routing and account numbers.

Authorized 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.

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

Submission Date: The date on which the enrollment is submitted. CCYYMMDD

Fax the completed form to: 810-230-2289.

The provider must contact its financial institution to arrange for the delivery of the CORE required Minimum CCD_ data elements needed for reassociation of the payment and the ERA. See Phase III CORE EFT & ERA Reassociation (CCD+/835) Rule Version 3.0.0.

Researching Missing/Late Files

EFT files that have not been received after 3 business days of receipt of the corresponding ERA file can be researched by calling the EDI Coordinators at 810-230-2084 or email at edicoordinator@healthplus.org.

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Provider Name: _____
Provider Address:
Street: _____ City: _____ State/Province: _____
Zip Code/Postal Code: _____

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): _____
National Provider Identifier (NPI - Individual): _____
Trading Partner ID: _____
Provider Contact Name: _____
Telephone Number: _____
Email Address: _____

Financial Institution Name: _____
Financial Institution Address:
Financial Institution Routing Number: _____
Type of Account at Financial Institution: _____
Provider's Account Number with Financial Institution: _____
Account Number Linkage to Provider Identifier: Select from one of the two below
Provider Tax Identification Number (TIN): _____
National Provider Identifier (NPI): _____

Reason for Submission: select from below

New Enrollment ____

Change Enrollment ____

Cancel Enrollment ____

Include with Enrollment Submission: Voided Check or Bank Letter

Authorized Signature: _____

Submission Date (YYYYMMDD): _____ Fax to: 810-230-2289