

# Change Healthcare ePayment Enrollment Authorization Form

## Instructions

Providers can receive electronic payments by enrolling in Change Healthcare ePayment in four easy steps! If you have questions about this Change Healthcare ePayment Enrollment and Authorization Form, or if you need help accessing Change Healthcare Payment Manager, please call **866.506.2830** and select option 1. Please allow for a 15 day validation period to process these EFT forms.

### Step 1 - Complete EFT Authorization Form and include Validation paperwork

#### To complete enrollment you must provide the following:

All forms require an original signature (no stamps or e-signatures).

Electronic copy of a government issued ID (with signature), on payee legal entity's letter head. **CDAC Providers must provide a copy of State CDAC approval in lieu of letter head.**

Contact name, address and phone number of Financial Institution.

Bank authorization letter or voided check.

Any bank account changes will require the validations set forth above for completion of changes as well as confirmation of the last EFT deposit amount with Change Healthcare.

**Please check this box if you would like to enroll for all available EFT payers.**

**All Payers that require Provider ids must indicate the payer assigned provider id (Trading Partner id) starting on page).**

Otherwise, indicate the individual payer you would like to enroll on the below pages.

#### How to Submit the Change Healthcare ePayment Enrollment and Authorization Form by Email

This Change Healthcare ePayment Enrollment and Authorization Form includes form fields enabling you to complete it using the online form.

Please sign and email your completed Change Healthcare ePayment enrollment authorization form as a PDF attachment to

**EFTEnrollment@changehealthcare.com** or fax completed enrollment forms to **615.238.9615**.

### Step 2 - Confirm Deposit to Verify Account

Once you have completed the enrollment process, Change Healthcare will make a small deposit in your designated bank account with the reference note "EFT Enroll". After this has been deposited into your designated account, please call **866.506.2830** or email **EFTEnrollment@changehealthcare.com** for verification purposes. Upon confirmation of the deposit amount, if you are an existing Payment Manager user, your services will be enabled under the assigned account. If you are a new Payment Manager user, you will be given a username and password for your new account.

### Step 3 - Start using Payment Manager to Search, View, Download and Print ERAs

You may access Change Healthcare Payment Manager <https://cda.changehealthcare.com/Portal/> to search, view and print your payment and remittance advice for participating Payers. To see a quick tour of Change Healthcare Payment Manager, visit <http://www.emdeon.com/support/demos/paymentmanager/>.

Providers that utilize a software vendor for ERA delivery may need to request your vendor enroll with Change Healthcare.

### Step 4 - Contact your Financial Institution to Receive the CCD+ Reassociation Number

To reassociate payments and ERAs, a CCD+ Reassociation Number has been created and passed to your financial institution. To begin receiving this number, you must contact your financial institution and request it

To resolve a late or missing payment or ERA, please contact the EFT enrollment team at **866.506.2830**.

# Attachment 1: Provider Information

Check here if you are updating existing enrollment information.

Provider Information	
Provider Name	
Doing Business As Name (DBA)	
<b>Provider Address</b>	
Street	
City	
State/Province	
Zip Code/Postal Code	
Country Code	

License Number	
License Issuer	
Provider Type	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Pharmacy
Provider Taxonomy Code	

Provider Contact Information	
Provider Contact Name	
Title	
Telephone Number	
Telephone Number Extention	
Email Address	
Fax Number	

Provider Agent Information	
Provider Agent Name	
<b>Provider Agent Address</b>	
Street	
City	
State/Province	
Zip Code/Postal Code	
Country Code	
Provider Agent Contact Name	
Provider Agent Contact Title	
Telephone Number	
Telephone Number Extention	
Email Address	
Fax Number	

Provider Identifiers Information	
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	
National Provider Identifier (NPI)	

## Retail Pharmacy Information

Pharmacy Name

Chain Number

Parent Organization ID

Payment Center ID

NCPDP Provider ID Number

Medicaid Provider Number

## Financial Institution Information

New Enrollment     Change to Existing Enrollment     Deactivate Existing Bank Account

**\*Please complete if you are a new customer. If you are an existing customer needing to change bank information, please enter current (old) bank information here and complete the Bank Account Change EFT Validation Form on page 4.**

## Financial Institution Account # 1

Financial Institution Name

### Financial Institution Address

Street

City

State/Province

Zip Code/Postal Code

Financial Institution Telephone Number/Ext

Financial Institution Contact Name

Financial Institution Routing Number

Type of Account at Financial Institution

Checking

Savings

Provider's Account Number  
with Financial Institution

Account Number Linkage to Provider  
Identifier

Provider Tax Identification  
Number (TIN)

National Provider Identifier  
(NPI)

# Bank Account Change EFT Validation Form

Last Four Digits of Account .....h @ .....V .....	Last EFT )	Date of )
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**\*Only use the following section if you are an existing customer needing to change banking information.  
Please Complete new banking information below**

## Financial Institution Account #2

Financial Institution Name	
<b>Financial Institution Address</b>	
Street	
City	
State/Province	
Zip Code/Postal Code	
Financial Institution Telephone Number	
Telephone Number Extention	
Financial Institution Routing Number	
Type of Account at Financial Institution	<input type="checkbox"/> Checking <span style="margin-left: 150px;"><input type="checkbox"/> Savings</span>
Provider's Account Number with Financial Institution	
Account Number Linkage to Provider Identifier	<input type="checkbox"/> Provider Tax Identification Number (TIN)
	<input type="checkbox"/> National Provider Identifier (NPI)

Check Box	Payer ID	Assigning Authority	Check Box	Payer ID	Assigning Authority
	22384	Administrative Concepts, Inc		84129	Colorado Access
	95340	Adventist Health System/West		42723	Community First Health Plans
	26119	AIA		58231	Core Administrative Services
	95241	AGIA		91162	CUP
	52193	Allegeant		CX035	Dental Care Plus
	13788	Associated Administrators		CX093	Dental Select
	26202	Auxiant		DSHOP	The Dental Shop
	12X42	Banner Health AZ		31625	ElderPlan, Inc.
	SX145	Banner Health AZ		85362	Foundation for Medical Care of Tulare & Kings Countries
	77078	Banner Health AZ (Medisun)		64246	Guardian Life Insurance Company
	20488	Better Health		86066	Hawaii Mainland Administrators
	61124	Bluegrass Family Health		37111	HCH Administration (IL)
	cm001	Caremore		68035	Health Plan of San Joaquin
	64073	Centene		31604	Heartland (UFCW-OH)
	23626	Central Pennsylvania Teamsters Fund		41099	John Alden Life Insurance Company
	34097	Central Reserve Life Insurance Co.		40523	Kaiser Foundation Health Plan
	37227	CNIC (EFT required to receive ERA)		87020	Sentinel Security Life Ins Company
	35316	Key Benefit Administrators		27094	Simply Health Care
	58112	Key Benefit Administrators		SX142	South Indiana Health Operations - HMO
	35205	MedPartners Administrative Services		75299	Synermed (Angeless IPA)
	27401	Michigan UFCW Unions & Employers AdminLLC		76048	Texas Children's Health Plan - CHIP
	R0755	Ohio Benefit Administrators		75228	Texas Children's Health Plan - STAR
	76112	Oxford Life Insurance Company		88019	Teacher's Health Trust
	SX158	Paramount Health		39065	Time Insurance Company
	47027	Physicians Mutual		69493	Tower Life Insurance Company
	65054	Premier Eye Care		94174	United Administrative Service
	65088	Preferred Care Partners		70408	Union Security Insurance Company
	31441	S & S Healthcare Strategies		59189	United Group Programs
	28530	S & S Healthcare		75261	Web-TPA Employer Services, LLC
	91184	Sanford		91136	Welfare and Pension
	24077	Santa Clara Family Health Plan (SCFHP)		37272	Wells Fargo TPA
	13162	SEIU		75276	World Insurance Company
	77307	Blue Cross Blue Shield of Vermont		67829	Sterling Life
	48055	Pyramid Life Insurance Company		74214	TML Intergovernmental Employee Benefits
	20572	Ametros Financial, Inc.		77022	Ultimate Health Plans, Inc
	48055	AveraAdvantage		45282	University of Maryland Health Advantage
	46051	Generations - Hillcrest		38337	Upper Peninsula Health Plan
	36338	Group Administrators, Ltd.		TH023	Wellmed
	37290	HealthServices for Children with Special		59266	Volusia Health Network
	48055	Marquette Life Insurance Company		66003	Johns Hopkins Advantage MD
	CX045	National Elevator Industry Health Benefit		SB790	Blue Cross Blue Shield of New Mexico
	76045	SelectCare of Texas (HPN) Heritage		41178	HealthEZ (formerly America's TPA)

Check Box	Payer ID	Assigning Authority	Check Box	Payer ID	Assigning Authority
	CX097	Access Dental		FAMR1	FAI
	43168	Advantica Administrative Service		62045	Farm Bureau Health Plans
	59374	Advantica and Delta Vision		77054	Fidelis Secure Care of Michigan
	62118	Aetna - Aetna Health and Life Insurance		77023	Health (CarePoint Health Plans)
	62118	Aetna - Aetna Life Insurance Company		77950	Health Alliance Medical Plans
	62118	Aetna - Allianz Life Insurance Company		15064	Health First Health Plans (EFT req to receive ERA)
	62118	Aetna - American Continental Insurance		59221	HealthMarkets
	62118	Aetna - American General Life Insurance		77180	HealthyCT Inc
	62118	Aetna - Combined Insurance Company		37217	Key Family of Companies
	62118	Aetna - Continental Life Insurance Company		37323	Key Solutions
	62118	Aetna - Union Fidelity Life Insurance Company		LMCHP	Leon Medical Centers Health Plans (EFT req to receive ERA)
	62118	Aetna - Virginia Surety Company, Inc		74323	MedBen
	62118	Aetna - Washington National Insurance		12422	Medica
	62118	Aetna/Genworth - Genworth Life Insurance		38164	Messa
	13333	Affinity Medicare Advantage		59224	Mid-west National Life Ins Co of TN
	75137	AmeriBen		79480	Midwest Security
	48055	American Progressive Life and Health		81883	Municipal Health Benefit Fund
	59274	AvMed (EFT Req for ERA)		39144	Network Health Plan of Wisconsin HP/Network)
	CBMI1	BCBS Michigan		91068	Northwest Administrators
	44357	Benefits Administration Corp (EFT req to receive ERA)		LIFE1	Optumcare (EFT required to receive ERA)
	CB621	Blue Cross Blue Shield of Illinois		91171	Physicians of Southwest Washington (EFT req to receive ERA)
	CBMT1	Blue Cross Blue Shield of Montana		21524	Preferred Medical Claim Solutions (PMCS)
	SB840	Blue Cross Blue Shield of Oklahoma		73066	Reserve National Insurance Company
	CB900	Blue Cross Blue Shield of Texas		45281	Riverside
	32002	Blue Cross Complete of Michigan		TH002	Scott & White Health Plan
	BOONG	Boon Admin Services Inc (ERA req to receive EFT)		83035	Senior Whole Health (SWH)
	52192	Bravo Health		76342	Sierra Health Services (EFT req to receive ERA)
	71057	Cannon Cochran Management Services		43619	Teamsters Medicare Trust for Retired Empl
	75190	CareFirst Administrators/NCAS		13185	TexasFirst Health Plan (NTX)
	68063	Celtic Insurance		48055	Today's Options (American Progressive
	13360	Centerlight		48055	Today's Options powered by CCRX TMG
	37214	Central States		TRP1E	Transamerica
	59223	Chesapeake Life Insurance Company		TRP1P	Transamerica
	36222	CHICAGO REGIONAL COUNCIL OF		TLINS	Transamerica
	34181	Commerce Benefits Group		TRCLF	Transamerica
	35199	Cooperative Managed Care		37284	TransChoice – Key Benefit Administrators
	42141	CTI Administrators		39181	Triad Healthcare (CBHNP Amerihealth)
	39113	Dean Health Plan (DHP)		73117	Tribute /SelectCare of Oklahoma
	36123	Dearborn National		74227	United Healthcare Student Resources
	MWELT	District 9 Machinists Welfare Trust		68039	Western Health Advantage
	52611	Electrical Workers Welfare Trust		26335	Zepherella

Check Box	Payer ID	Assigning Authority	Provider Id / Legacy ID	Trading Partner Id
	93044	A&I Benefit Plan Administrator, Inc.	Provider ID- (R)	
	65093	Advocate Health Partners	Legacy ID- (R)	
	36320	Advocate HPO	Provider ID- (R)	
	13334	Affinity	Legacy ID- (O)	
	13346	AFTRA Health Fund	Provider ID- (O)	
	37308	Allied Benefit Systems, Inc	Provider ID- (R)	
	77002	AmeriHealth Caritas District of Columbia	Legacy ID- (R)	
	77075	AmeriHealth Caritas Iowa	Payee ID- (R)	
	27357	AmeriHealth Caritas Louisiana	Legacy ID- (R)	
	77001	AmeriHealth Caritas Northeast	Legacy ID- (R)	
	22248	AmeriHealth Caritas Pennsylvania	Payee ID- (R)	
	77013	AmeriHealth Caritas VIP Care Plus	Provider ID- (R)	
	22355	AmeriHealth VIP Care	Legacy ID- (R)	
	77007	AmeriHealth VIP Care - DC	Legacy ID- (R)	
	77006	AmeriHealth VIP Care - LA	Legacy ID- (R)	
	52312	Arbor Health Plan	Legacy ID- (R)	
	39185	Arise Health Plan	Provider ID- (O)	
	65391	CBHNP- Amerihealth	Legacy ID- (O)	
	35112	Employee Plans LLC	Legacy ID- (R)	
	37510	First Choice VIP Care	Legacy ID- (R)	
	77009	First Choice VIP Care Plus - SC	Provider ID- (R)	
	49096	FirstCare Health	Provider ID- (O)	
	26492	Florida True Health, Inc	Legacy ID- (R)	
	44054	GEHA	Provider ID- (R)	
	99208	Hawaii Medical Assurance Association	Legacy ID- (O)	
	11324	Health Plus	Legacy ID- (R)	
	11328	Healthcare Partners IPA	Vendor ID- (R)	
	56144	Healthgram Primary Physicians Care	Provider ID- (O)	
	96475	HealthLink	Vendor ID- (R)	
	77050	Healthy PA	Provider ID- (R)	
	77051	Healthy PA	Provider ID- (R)	
	22326	Horizon NJ Health	Legacy ID- (R)	
	13335	Hudson Health Plan	Legacy ID- (O)	
	13335	Hudson Health Plan	Trading Partner ID-(O)	
	SX073	Independent Health	Tax ID- (R) Pharmacy Payee ID-(R)	
	36342	IPMG	Trading Partner ID-(O)	
	52189	Johns Hopkins Healthcare (EHP/PP)	Provider ID- (O)	
	52123	Johns Hopkins Healthcare (USFHP)	Provider ID- (O)	
	23284	Keystone Mercy Health Plan	Legacy ID- (R)	
	84223	Keystone VIP Choice	Legacy ID- (R)	
	20475	MDwise Excel Network	Payee ID- (R)	
	EM350	Med3000 CMS Early Steps	Provider ID- (R)	
	EM284	Med3000 CMS Safety Net	Provider ID- (R)	
	EM843	Med3000 CMS Title 19 Reform	Provider ID- (R)	
	EM205	Med3000 CMS Title 21	Provider ID- (R)	
	EM039	Med3000 Pedicare Title 19	Provider ID- (R)	
	EM522	Med3000 Pedicare Title 21	Provider ID- (R)	
	56205	MedCost Benefits	Legacy ID- (O)	
	MAHC1	Medical Associates Health Plan	Provider ID- (O)	
	04332	Network Health	Provider ID- (R)	
	61129	Passport Health Plan	Legacy ID- (R)	
	TH131	Physicians United Plan	Legacy ID- (O)	
	33081	Pinnacle	Trading Partner ID-(R)	
	CX078	Premier Dental	Providers - NPI-R; Brokers -Agency - R	
	77003	Prestige Health Choice	Legacy ID- (R)	
	38303	Professional Benefit Services, Inc	Provider ID- (O)	
	22312	Qualcare	Vendor ID- (R)	
	23342	QualCare, Inc	Vendor ID- (R)	
	72261	SCAN Health Plan	Vendor ID- (R)	
	23285	Select Health of South Carolina	Legacy ID- (R)	
	65250	University of Utah Health Plans	Vendor NPI- (R); Tax ID- (R)	
	63114	Viva Health	Vendor ID- (R)	
	62153	Windsor Medicare Extra	Vendor ID- (R)	

## Table I: Direct Payment Payers

The payers listed below are offering to distribute EFT payments directly to you and not through Change Healthcare. If you select a payer below, that payer will pay you directly and Change Healthcare shall not be involved in any of their payment transactions. As such, Change Healthcare makes no representations or warranties regarding the payment services provided by the payers set forth below.

Check Below to Enroll	Payer ID	Payer Name	Additional Provider ID Required/Optional (R/O)	Additional Requirements	Trading Partner id
	27514	Amerigroup	Legacy PIN – (R)	Providers must enroll using Amerigroup assigned Provider Identification Number. ERA is only available with EFT enrollment.	
<input type="checkbox"/>	SB580	CareFirst	NPI – (R)	<p>Providers must enroll or be enrolled for Electronic Remittance Advice (ERA) when selecting CareFirst EFT. Are you currently setup for ERAs with CareFirst?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you are not yet enrolled and want to enroll for both ERA and EFT from CareFirst please check the following box. <input type="checkbox"/></p> <p>You will receive CareFirst ERAs through Emdeon if this box is checked.)</p>	

Check List	
	All forms require an Original signature (no stamps or e-signatures).
	"Electronic copy of a government issued ID (with signature), on payee legal entity's letter head / Company letter head <b>CDAC Providers must provide a copy of State CDAC approval in lieu of letter head.</b> "
	Contact name, address and phone number of financial Institution.
	Bank authorization letter or voided check attached.



# Change Healthcare ePayment Enrollment and Authorization Form Acknowledgement

By signing below, Provider acknowledges that the Provider has read, agrees that it is subject to and agrees to comply with the Change Healthcare General Terms and Conditions, the Business Associate Terms, the ePayment Services Addendum and the Privacy Policy for changehealthcare.com. To view the Change Healthcare General Terms and Conditions, the Business Associate Terms and the ePayment Services Addendum please visit: [www.changehealthcare.com/epayment/terms](http://www.changehealthcare.com/epayment/terms). To view the Privacy Policy for changehealthcare.com, please visit [www.changehealthcare.com/privacy](http://www.changehealthcare.com/privacy). In addition, by signing below, Provider represents and warrants that all of the information that it is providing to Change Healthcare is accurate and complete. In furtherance of the ePayment Services, Provider authorizes Change Healthcare Solutions LLC or one of its Affiliates to initiate ACH debit and credit entries to the above account(s) at the above depository financial institution(s). Provider acknowledges that the origination of ACH transactions to the above account(s) must comply with the provisions of U.S. law. Provider also acknowledges that in the provision of the ePayment Services, the Provider's enrollment information may be made available to the Payers making payment to the Provider through the ePayment Services.

Provider desires to revoke or modify the authority of any Authorized Representative or add additional Authorized Representatives, Provider must execute and deliver to Change Healthcare a new ePayment enrollment authorization form. Letters or other forms of communications will not be accepted. Any subsequent ePayment enrollment authorization form supersedes any previously submitted ePayment enrollment authorization form. **CURRENT AUTHORIZED REPRESENTATIVES NOT ON THE ePayment enrollment authorization form WILL NOT BE RECOGNIZED.**

Please check the box below if you have elected to receive payments from Direct Payment Payers.

I hereby authorize Direct Payment Payer(s) to initiate ACH credit and debit entries to the account(s) listed in Table 1 for all benefits payments. Provider acknowledges that the origination of ACH transactions to the above accounts must comply with the provisions of U.S. law. This agreement will remain in effect until I notify the Direct Payment Payer(s) of the desire to cancel or change this service or until I am notified by Direct Payment Payer(s) that this service has been terminated. I understand I must allow reasonable time for my instructions to be executed.

As required by 42 C.F.R. 455.18 and 455.19, I understand in accepting electronic payment that such payment may be from Federal and State Funds and any falsification or concealment of a material fact may be prosecuted under Federal law.

IN WITNESS WHEREOF, the parties have caused this Change Healthcare ePayment Enrollment and Authorization Form to be executed by their respective duly authorized representatives.

## Submission Information

Reasons for submission	<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change Enrollment	<input type="checkbox"/> Cancel Enrollment
Authorized Signature			
Printed Title of Person Submitting Enrollment			
Submission Date			
Requested EFT Start / Change / Cancel Date			

# CORE-required Maximum EFT Enrollment Data Set

The following table is taken directly from CORE Operating Rule 380 and identifies all details related to the fields contained within this document.

**Table 4.2-1 CORE-required Maximum EFT enrollment Data Set**

Individual Data Element Name (Term)	Sub-element Name (Term)	Data element Description	Data Type and Format  (Not all data elements require a format specification)	Data Element Requirements for health Plan Collection  (Required/Optional for plan to collect)	Data Element Group Number  (DEG)
<b>PROVIDER INFORMATION (Data Element Group 1 is a Required DEG)</b>					
<b>Provider Name</b>		Complete legal name of institution, corporate entity, practice or individual provider	Alphanumeric	Required	DEG1
<b>Doing Business As Name (DBA)</b>		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 actually own it and are responsible for it.	Alphanumeric	Optional	DEG1
<b>Provider Address</b>				Optional	DEG1
	Street	The number and street name where a person or organization can be found	Alphanumeric	Required	DEG1
	City	City associated with provider address field	Alphanumeric	Required	DEG1
	State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country	Alpha	Required	DEG1
	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	Alphanumeric, 10 characters	Required	DEG1
	Country Code	ISO-3166-1 Country Code16	Alphanumeric, characters	Optional	DEG1
<b>PROVIDER IDENTIFIERS INFORMATION (Data Element Group 2 is a Required DEG)</b>					
<b>Provider Identifiers</b>				Required	DEG2
	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	Numeric, 9 digits	Required	DEG2

Table continues on the next page

	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	Numeric, 10 digits	Required when provider has been enumerated with an NPI	DEG2
<b>Other Identifier(s)</b>				Optional	DEG2
	Assigning Authority	Organization that issues and assigns the additional identifier requested on the form, e.g., Medicare, Medicaid		Required if Identifier is collected	DEG2
	Trading Partner ID	The provider's submitter ID assigned by the health plan or the providers clearinghouse or vendor		Required based upon payer	DEG2
<b>Provider License Number</b>				Optional	DEG2
	License Issuer			Required if License Number is collected	DEG2
<b>Provider Type</b>		A proprietary health plan-specific indication of the type of provider being enrolled for EFT with specific provider type description included by the health plan in its instruction and guidance for EFT enrollment (e.g., hospital, laboratory, physician, pharmacy, pharmacist, etc.)		Optional	DEG2
<b>Provider Taxonomy Code</b>		A unique alphanumeric code, ten characters in length. The code set is structured into three distinct "Levels" including Provider Type, Classification and Area of Specialization	Alphanumeric, 10 characters	Optional	DEG2

**PROVIDER CONTACT INFORMATION**  
(Data Element Group 3 is an Optional DEG)

<b>Provider Contact Name</b>		Name of a contact in provider office for handling EFT issues		Required	DEG3
	Title			Optional	DEG3
	Telephone Number	Associated with contact person	Numeric, 10 digits	Required	DEG3
	Telephone Number Extension			Optional	DEG3
	Email Address	An electronic mail address at which the health plan might contact the provider		Required; not all providers may have an email address	DEG3
	Fax Number	A number at which the provider can be sent facsimiles		Optional	DEG3

Table continues on the next page

**PROVIDER AGENT INFORMATION**  
**(Data Element Group 4 is an Optional DEG)**

<b>Provider Agent Name</b>		Name of provider's authorized agent	Alphanumeric	Required	DEG4
<b>Agent Address</b>				Optional	DEG4
	Street	The number and street name where a person or organization can be found	Alphanumeric	Required	DEG4
	City	City associated with address field	Alphanumeric	Required	DEG4
	State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country	Alpha	Required	DEG4
	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			DEG4
	Country Code	ISO-3166-1 Country Code	Alphanumeric, 2 characters	Optional	DEG4
<b>Provider Agent Contact Name</b>		Name of a contact in agent office for handling EFT issues		Required	DEG4
	Title			Optional	DEG4
	Telephone Number	Associated with contact person	Numeric, 10 digits	Required	DEG4
	Telephone Number Extension			Optional	DEG4
	Email Address	An electronic mail address at which the health plan might contact the provider		Required; not all providers may have an email address	DEG4
	Fax Number	A number at which the provider can be sent facsimiles		Optional	DEG4

**FEDERAL AGENCY INFORMATION**  
**(Data Element Group 5 is an Optional DEG)**

DATA ELEMENT GROUP 5 HAS BEEN INTENTIONALLY OMITTED FROM THIS DOCUMENT AS WE DO NOT COLLECT THE INFORMATION CONTAINED WITHIN.

**RETAIL PHARMACY INFORMATION**  
**(Data Element Group 6 is an Optional DEG)**

<b>Pharmacy Name</b>		Complete name of pharmacy	Alphanumeric	Required	DEG6
	Chain Number	Identification number assigned to the entity allowing linkage for a business relationship, i.e., chain, buying groups or third party contracting organizations. Also may be known as Affiliation ID or Relation ID	Alphanumeric	Optional	DEG6
	Parent Organization ID	Headquarter address information for chains, buying groups or third party contracting organizations where multiple relationship entities exist and need to be linked to a common organization such as common ownership for several chains	Alphanumeric	Optional	DEG6

Table continues on the next page

	Payment Center ID	The assigned payment center identifier associated with the provider/corporate entity	Alphanumeric	Optional	DEG6
<b>NCPDP Provider ID Number</b>		The NCPDP-assigned unique identification number	Alphanumeric	Optional	DEG6
<b>Medicaid Provider Number</b>		A number issued to a provider by the U.S. Department of Health and Human Services through state health and human services agencies		Optional	DEG6
<b>FINANCIAL INSTITUTION INFORMATION (Data Element Group 7 is a Required DEG)</b>					
<b>Financial Institution Name</b>		Official name of the provider's financial institution		Required	DEG7
<b>Financial Institution Address</b>				Optional	DEG7
	Street	Street address associated with receiving depository financial institution name field	Alphanumeric	Required	DEG7
	City	City associated with receiving depository financial institution address field	Alphanumeric	Required	DEG7
	State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country	Alpha	Required	DEG7
	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	Alphanumeric, 15 characters	Required	DEG7
<b>Financial Institution Telephone Number</b>		A contact telephone number at the provider's bank	Numeric, 10 digits	Optional	DEG7
	Telephone Number Extension			Optional	DEG7
<b>Financial Institution Routing Number</b>		A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited	Numeric, 9 digits	Required	DEG7
<b>Type of Account at Financial Institution</b>		The type of account the provider will use to receive EFT payments, e.g., Checking, Saving		Required	DEG7
<b>Provider's Account Number with Financial Institution</b>		Provider's account number at the financial institution to which EFT payments are to be deposited		Required	DEG7
<b>Account Number Linkage to Provider Identifier</b>		Provider preference for grouping (bulking) claim payments – must match preference for v5010 X12 835 remittance advice		Required; select from one of the two below	DEG7
	Provider Tax Identification Number (TIN)		Numeric, 9 digits	Optional – required if NPI is not applicable	DEG7
	National Provider Identifier (NPI)		Numeric, 10 digits	Optional – required if TIN is not applicable	DEG7

Table continues on the next page

**SUBMISSION INFORMATION**  
**(Data Element Group 8 is a Required DEG)**

<b>Reason for Submission</b>				Required; select from below	DEG8
	New Enrollment			Optional	DEG8
	Change Enrollment			Optional	DEG8
	Cancel Enrollment			Optional	DEG8
<b>Include with Enrollment Submission</b>				Optional; select from below	DEG8
	Voided Check	A voided check is attached to provide confirmation of Identification/Account Numbers		Optional	DEG8
	Bank Letter	A letter on bank letterhead that formally certifies the account owners routing and account numbers		Optional	DEG8
<b>Authorized Signature</b>		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		Required; select from below	DEG8
	Electronic Signature of Person Submitting Enrollment			Optional	DEG8
	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		Optional	DEG8
	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		Optional	DEG8
	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		Optional	DEG8
<b>Submission Date</b>		The date on which the enrollment is submitted	CCYYMMDD	Optional	DEG8
<b>Requested EFT Start/ Change/ Cancel Date</b>		The date on which the requested action is to begin	CCYYMMDD	Optional	DEG8