

## Instructions for completing the EFT enrollment form:

### Provider Information

**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

### 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 payer might contact the provider

### 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 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

### Submission Information

**Reason for Submission** – New Enrollment or Change Enrollment or Cancel Enrollment

**Include with Enrollment Submission – (check at least one)**

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

**EFT Enrollment Inquiries** – Providers can contact [EDIOperations@nammc.com](mailto:EDIOperations@nammc.com) to inquire about EFT enrollment status. Please allow 7-10 business days for Electronic Funds Transfer (EFT) enrollment processing.

### IMPORTANT:

If you are/have enrolled to receive Electronic Remittance Advice (ERA), it is highly recommended that Providers contact the ACH division/department at their financial institution to arrange for the delivery of the CCD+ addenda records to ensure proper re-association of EFT payment and ERA.