Electronic Remittance Advice (835) and EFT Authorization Agreement

PacificSource

Please complete all applicable sections. For your highest level of security, please upload this form and a copy of a voided check to PacificSource through our secure website, InTouch (log in at pacsrc.co/intouch-providers). PacificSource cannot complete your enrollment unless your request is submitted through InTouch. EFT payments will be applied at the TIN level. Please note: PacificSource does not offer ERA-only enrollment. ERA preference applies to both claims and capitation payments, unless otherwise requested.

Provider information

I wish to enroll in (choose one) ☐ EFT and 835/ERA ☐ EFT only/EOP through InTouch ☐ ERA change only

Provider name (as it appears on bank account) _____

Street _____ City _____ State _____ Zip _____

Provider federal tax identification number (TIN) _____ National provider identifier (NPI) _____

Provider contact name _____ Phone (_____)_____

Email address _____

Bank information

Please submit a voided check or bank letter from the financial institution your business is associated with that includes the account number and routing number. If you are submitting a bank letter, please ensure the bank letter is dated within five years of the ERA enrollment request date. If you are submitting for a clearinghouse change only, you will not need to submit any banking information.

Include with enrollment submission: ☐ Voided check ☐ Bank letter

Reason for submission (choose one):

☐ New EFT ☐ Change EFT ☐ Clearinghouse change ☐ No changes to clearinghouse

Clearinghouse name _____ Trading partner ID _____

SimplePractice is an EMR and practice management system, not a clearinghouse.

Disclosure

By submitting this form, I authorize the above-named contact person to execute, implement, and perform all functions necessary for my facility to receive electronic funds transfer (EFT) payments, and (if requested) electronic remittance advice (ERA), from PacificSource.

Printed name of person submitting enrollment _____

Signature of person submitting enrollment _____

Printed title of person submitting enrollment _____

Submission date _____ Requested EFT/ERA effective date _____

EFT/ERA enrollment glossary of terms

Provider information

- **Provider name** – Complete legal name of institution, corporate entity, practice, or individual provider.
- **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** – 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 name** – Name of a contact in provider office for handling EFT/ERA issues.
- **Phone** – Number associated with contact person.
- **Email address** – An electronic mail address at which the health plan might contact the provider.

Bank information

- **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.
- **Clearinghouse name** – Official name of the provider's clearinghouse.
- **Trading partner ID** – An identification number assigned to a clearinghouse. If you need help finding this number, reach out to your contact at your clearinghouse. We cannot process your request without this information.

Disclosure

- **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.
- **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 ERA effective date** – Date the provider wishes to begin ERA; per Phase III CORE Health Care Claim Payment/Advice (835) Infrastructure Rule version 3.0.0: there may be a dual delivery period depending on whether the entity has such an agreement with its trading partner.

Provider Network Department
Idaho and Montana: **855-247-7579**
Oregon and Washington: **855-247-7575**
TTY: 711. We accept all relay calls.