



835 ENROLLMENT REQUEST

(AMG IPA '15 j UA YXJW'; fci d)

Email this completed form to edisupport@allcaretoyou.com. Please make sure to print legibly and to complete this form in its entirety. You risk delaying enrollment if the application is unreadable or incomplete.

PROVIDER INFORMATION:

Provider Name:

Provider Address:

PROVIDER IDENTIFIER INFORMATION:

Provider Federal Tax Identification Number (TIN)
OR Employer Identification Number (EIN):

National Provider Identifier (NPI):

PROVIDER CONTACT INFORMATION:

Provider Contact Name:

Telephone Number:

Fax Number:

Email Address:

ELECTRONIC REMITTANCE ADVICE INFORMATION:

Preference for Aggregation
Of Remittance Data:

Note: Account Number Linkage to Provider Identifier. Must match preference for EFT payments.

SUBMISSION INFORMATION:

Reason for Submission:

Authorized Signature:

Note: Electronic Signature (typed name) of Person Submitting ERA Enrollment.



AMG IPA
 C/O All Care To You
 P.O. Box 4367
 Orange, CA 92863

AUTHORIZATION FOR ACH DEPOSIT OF VENDOR PAYMENT

Payee/Vendor Name _____
 Address _____
 City, State Zip _____
 Telephone _____
 Contact Name _____
 Contact e-mail _____
 (for ACH remittance notification)

Complete this section for **new enrollments** or for **financial institution or account changes**.

Enroll in electronic Remittance Advice: Yes No

Select one: New Enrollment Financial Institution or Account Change

Bank Name _____

Branch (if applicable) _____

City, State Zip _____

Transit/Routing Number _____

Bank Account Number _____

Account Type (check one) Checking Account Savings Account

I, the undersigned, authorize the AMG IPA to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the financial institution named above to post these transactions to that account. This authorization will remain in force until AMG IPA receives written notice of cancellation from me. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Signature _____ Date _____

Name (printed) _____ Title _____

Complete this section to **CANCEL** your ACH electronic deposit authorization.

I, the undersigned, hereby cancel the authorization for the AMG IPA to originate ACH electronic deposit entries into my checking/savings account. This cancellation is effective as soon as AMG IPA has reasonable time to act upon it.

Signature _____ Date _____

Name (printed) _____ Title _____

Mail the completed form to the address above, fax to (949)396-2614 or email to MikeSayed@AllCareToYou.com

For AMG IPA Use Only

Vendor Number _____ Date Received _____