



CONTRA COSTA HEALTH PLAN (CCHPL) ERA/EFT ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- **Provider Direct Deposit Authorization Agreement**
 - **Note:** Electronic claim submission must begin before enrolling for ERA/EFT.

WHERE SHOULD I SEND THE FORM(S)?

- Fax the agreement to (925) 957-5101.

WHAT IS THE TURNAROUND TIME?

- Please allow 4-6 weeks before receipt of electronic deposits.

Provider Direct Deposit Authorization Agreement



Contra Costa Health Plan (CCHP) is improving its services by offering to replace paper checks and Explanation of Benefits (EOBs) with Electronic Payments and Benefit Statements. Please use this form to enroll your vendor and/or provider data; complete all fields and fax to 925-957-5101.

After CCHP is in receipt of the enrollment application, additional instructions for testing and financial institution verification will be provided. Please allow 4-6 weeks before receipt of electronic deposits.

Check One: EFT Enrollment

<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change/Add Enrollment information	<input type="checkbox"/> Cancel/Discontinue
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Provider Information

Provider Name (legal):			
Address:			
City, State, Zip:		Telephone#:	

Provider Identification

TIN# or EIN#:		NPI#:	
Fax#: (to receive EOB report)	Clearinghouse:		

Check One: Depository Information

<input type="checkbox"/> Business Checking Account	<input type="checkbox"/> Business Savings Account	
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Financial Institution Name:			
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Routing Number (9 digits):									
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Account# (up to 14 digits):													
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Address:			
City, State, Zip:		Telephone#:	

[[please attach a "canceled check" or "canceled savings deposit slip" to this signed enrollment form]]

Authorization

The undersigned hereby certifies that the information provided is true and accurate in all respects and that he/she is duly authorized to execute this agreement on behalf of the above listed organization.

Authorizer Name (printed):			
Signature:			
Date			
Enrollment Confirmation Email:			
Telephone#:			

For internal use only

CCHP Vendor#:		Incident Ticket#:	
CCHP Processed By:		Auditor's Setup By:	
Date:		Date:	