

WHICH FORMS SHOULD I COMPLETE?

The payer(s) require EFT Enrollment to retrieve ERA files.

- **ELECTRONIC PAYMENT ENROLLMENT FORM (page 2-3)**
 - o **You must attach a voided check or bank letter**

WHERE SHOULD I SEND THE FORM(S)?

Email encrypted to: accountspayable@meritagemed.com with email subject ***secure* Electronic Payment Enrollment**

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time can take up to 30 business days.

HOW DO I CHECK STATUS?

If you have any questions regarding the EFT / ERA enrollment process, contact the payer by email at accountspayable@meritagemed.com



ELECTRONIC PAYMENT ENROLLMENT FORM

*Required Fields

PAYEE INFORMATION (Supplier, Organization, Provider)

*Name: _____

*Street Address: _____

Apt, Unit, Suite: _____

*City: _____ State: _____ Zip Code: _____

Email address: _____

*Tax ID Number: _____

(must match W-9 information)

BANK INFORMATION

*Bank Name: _____

*ABA Number: _____

(Routing number or transit number)

*Account Number: _____

*Type of Account: Checking Savings

Street Address: _____

Apt, Unit, Suite: _____

City: _____ State: _____ Zip Code: _____

COMPLETED BY

*Name: _____

*Title or Position: _____

*Email address: _____

*Phone Number: _____

By signing below, I certify that:

- I am an authorized signer on the bank account listed above or officer of the named payee above
- the bank information provided above is associated with the named payee above
- I opt to retrieve ERAs (Electronic Remittance Advice) for our explanation of benefits (EOB)
- I will create or have created an account with Office Ally to retrieve the named payee's ERA (EOB)

Signature

Date

PLEASE SUBMIT COMPLETED FORM WITH VOIDED CHECK OR BANK CONFIRMATION LETTER VIA:
 EMAIL: accountspayable@meritagemed.com
 ENCRYPTED EMAIL: enter in email subject ***secure*** Electronic Payment Enrollment
 FAX: **ATTENTION: ACCOUNTS PAYABLE 415-883-7127**

ACCOUNTING USE ONLY

Micro Entries completed by/date: _____ ERP Vendor Updated by/date: _____
 Claims Vendor Updated by/date: _____ ACH Third Party Created by/date: _____