

WHICH FORMS SHOULD I COMPLETE?

This payer requires providers enroll in EFT to receive ERA.

- Complete the ERA Enrollment Authorization Agreement and Direct Deposit – EFT Authorization Agreement.
 - o You must attach a voided check or bank letter, plus a completed W9 Form.

WHERE SHOULD I SEND THE FORM(S)?

- Fax completed forms to 405-524-4011 and Email to Optum.ERA@officeally.com
 - o Email Subject: Old Surety Life_ERA & EFT Enrollment Request

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 30 Business Days.

HOW DO I CHECK STATUS?

- Once you receive confirmation from Office Ally that the enrollment has been uploaded to Optum's portal, please allow 30 business days to receive the electronic remittance files.



OLD SURETY LIFE

INSURANCE COMPANY

P.O. BOX 54407 - OKLAHOMA CITY, OK 73154-1407

5201 NORTH LINCOLN BOULEVARD - OKLAHOMA CITY, OK 73105

405-523-2112

Toll Free # 1-800-272-5466

Fax # 1-405-524-4011

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- since '32"

Electronic Remittance Advice (ERA) Authorization Agreement

DEG1	PROVIDER INFORMATION
Provider Name	
Doing Business As (DBA)	
Provider Address	
City	
State/Province	
Zip Code/Postal Code	
DEG2	PROVIDER IDENTIFIERS INFORMATION
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	
National Provider Identifier (NPI)	
DEG3	PROVIDER CONTACT INFORMATION
Provider Contact Name	
Telephone Number	
Email Address	
Fax Number	
DEG7	ELECTRONIC REMITTANCE ADVICE INFORMATION
Preference For Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) - Select from below	
Provider Tax Identification Number (TIN)	
National Provider Id (NPI)	
Method of Retrieval	
DEG8	ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION
Clearinghouse Name	Optum
Clearinghouse Contact	Enrollments Team
Telephone Number	866-678-8646 #2
Email Address	Enrollments@optum.com
DEG10	SUBMISSION INFORMATION
Reasons For Submission – Select from below	
<input type="checkbox"/>	New Enrollment
<input type="checkbox"/>	Change Enrollment
<input type="checkbox"/>	Cancel Enrollment

(continued on next page)

Electronic Remittance Advice (ERA) Authorization Agreement

Authorized Signature

**Written Signature of
Person Submitting**

Printed Name of Person
Submitting Enrollment

Printed Title of Person
Submitting Enrollment

Authorization Agreement – By signing above, I hereby agree that I have read and agree to the terms and conditions stated in the Authorization Agreement below.



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405-523-2112

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Direct Deposit – Electronic Funds Transfer Authorization Agreement

(please print)

EFT form must be
submitted
to Change Healthcare with
other forms including the
W9.
Thank you.

Home office use only

Medical Provider Information		Bank Information	
(Medical Provider/Facility Name)		(Bank Name)	
(Address)		(Address)	
(City)	(State) (Zip)	(City)	(State) (Zip)
Phone: ()		Phone: ()	
e-mail address:		ABA Routing #:	
Secure e-mail address for Confidential Details		Account #	
Tax ID #	NPI #	Please check only one <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

(Please attach a voided check here; please **do not** attach a deposit slip.)

I hereby authorize Old Surety Life Insurance Company to initiate credit entries to my bank account. I understand that this authorization will allow Old Surety Life Insurance Company to debit the above account if funds are credited erroneously to this account. This authority is to remain in effect until revoked by me in writing and until Old Surety Life Insurance Company actually receives such notice of termination.

SIGNATURE: _____ DATE: _____

Due to pre-noting requirements with your bank, please allow up to 30 days for your first EFT to commence. A check will be mailed to you until your EFT program begins.

Approved By: _____ DATE: _____

Old Surety Life Insurance Company

