

WHICH FORMS SHOULD I COMPLETE?

- **Electronic Remittance Advice (835) and EFT Authorization Agreement (page 2)**
 - o This payer allows ERA change only, or EFT and ERA. If you are choosing to enroll with EFT, you must provide a copy of a voided check or a bank letter.

WHERE SHOULD I SEND THE FORM(S)?

- The payer suggests uploading the form (page 2) **and** a copy of the voided check or bank letter to PacificSource through their secure website, InTouch (<https://pacificsource.com/providers>)
- If you are unable to upload, please alternatively email both to ERAEnrollment@PacificSource.com

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time can take up to 15-30 business days.

HOW DO I CHECK STATUS?

- If you have questions about the enrollment process, or have not received your remittance files within the 30 business days, send an email to ERAEnrollment@PacificSource.com.

Electronic Remittance Advice (835) and EFT Authorization Agreement



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 (login at PacificSource.com/Providers). If unavailable, we can also accept EFT/ERA updates via email. EFT payments will be generated at the TIN level, unless otherwise noted.

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

Financial institution name _____

Street _____ City _____ State _____ Zip _____

Financial institution routing number _____ Type of account at financial institution Checking Savings

Provider's account number with financial institution _____

Account Number Linkage to
Provider Identifier (choose one)

Provider tax ID (TIN)
National provider identifier (NPI)

Reason for submission
(choose one)

New enrollment
Change enrollment
Cancel enrollment

Preference for Aggregation of Remittance Data
(e.g., Account Number Linkage to Provider Identifier)

Provider tax ID (TIN)
National provider identifier (NPI)

Include with enrollment submission Voided check Bank letter

Clearinghouse name _____ Trading partner ID _____

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

- **Financial institution name** – Official name of the provider's financial institution.
- **Street** – Street address associated with receiving depository financial institution name field.
- **City** – City associated with receiving depository financial institution address field.
- **Financial institution routing number** – A nine-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited.
- **Type of account at financial institution** – The type of account the provider will use to receive EFT payments, for example, checking, savings.

- **Provider's account number with financial institution** – Provider's account number at the financial institution to which EFT payments are to be deposited.
- **Account number linkage to provider identifier** – Provider preference for grouping (bulking) claim payments – must match preference for v5010 X12 835 remittance advice.
- **Preference for aggregation of remittance data (for example, account number linkage to provider identifier)** – Provider preference for grouping (bulking) claim payment remittance advice – must match preference of EFT payment.
- **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
PO Box 7068, Springfield, OR 97475

Idaho and Montana: **855-247-7579**

Oregon: **855-247-7575**

Washington: **888-224-3556**

TTY: 711. We accept all relay calls.

Email: ERAEnrollment@PacificSource.com