

Instructions for completing the EFT (Electronic Funds Transfer) Enrollment Data Form

Online forms can be accessed at www.aultcare.com

Provider - login and click on important forms to locate EFT/ERA Enrollment Vendor - login and click on important forms to locate EFT/ERA Enrollment

Provider Information (Section 1)

Provider Name- Complete legal name of institution, corporate entity, practice or individual provider. **Provider Address**-

Street- The number and street name where a person or organization can be found.

City- City associated with provider address field.

State/Province- ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.

Zip Code/Postal Code- System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities.

Provider Identifiers Information (Section 2)

Provider Identifiers-

Provider Federal Tax Identification Number (TIN)- A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.

National Provider Identifier (NPI)- 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-poisition 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 Information (Section 3)

Provider Contact Name- Name of a contact in provider office for handling EFT issues.

Telephone Number- Associated with contact person

Email Address- An electronic mail address at which the health plan might contact the provider.



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Provider Agent Information (Section 4)

Provider Agent Name- Name of provider's authorized agent.

Provider Agent Contact Name- Name of a contact in agent office for handling EFT issues.

Telephone Number- Associated with contact person.

Email Address- An electronic mail address at which the health plan might contact the provider.

Federal Agency Information (Section 5)

Federal Program Agency Name- Information required by Veterans Administration Federal Program Agency Identifier- Agency Identifier

Financial Institution Information (Section 6)

Financial Institution Name- Official name of the provider's financial institution.

Financial Institution Routing Number- A 9-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, e.g., Checking, Saving.

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.

Must fill out one of the two options below:

Provider Tax Identification Number (TIN)

National Provider Identifier (NPI)

Submisson Information (Section 7)

Include with Enrollment Submission- Must select one

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.



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For questions regarding this form or to check status of enrollment, please email edisupport@aultcare.com.

The provider must contact its financial institution to arrange for the delivery of the CORE required Minimum CCD+ data elements needed for reassociation of the payment and the ERA. See Phase III CORE EFT & ERA Reassociation (CCD+/835) Rule Version 3.0.0.

Researching Missing / Late Files- EFT files that have not been received after 4 business days of receipt of the corresponding ERA file can be researched by emailing edisupport@aultcare.com. Please include the following information to assist with the research.

Provider name and tax identification number EFT number Dollar amount of EFT Date ERA file was received