



Reminder – Electronic Funds Transfer (EFT) for Provider Payments

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We are committed to continuously improving our provider and member customer satisfaction.

We would like to remind you that the Alliance offers Electronic Funds Transfer (EFT). Providers who enroll in EFT will have fee-for-service (FFS) payments deposited directly into their bank account. The EFT option is available to all contracted providers.

To enroll in EFT, providers must complete the **Electronic Funds Transfer Authorization Form** that can be found at the end of this document. Prior to completing the form, please read the **Instruction Sheet** carefully and follow the directions.

Providers with more than one (1) National Provider ID (NPI) should attach a list of NPI numbers to the application. Please note that any attachments to the Electronic Funds Transfer Authorization Form must have an authorized original signature.

Provider Groups that receive payments under the Group ID only need to complete one (1) enrollment form for the Group NPI. Provider Group members, who also bill individually, can enroll in EFT as an individual provider by submitting a separate enrollment form using their individual Provider NPI. Only one (1) TIN can be used per form.

One (1) of the following items must be attached to your enrollment form:

- A voided check from your checking account; OR
- If you have a deposit-only checking account (and do not have checks) or you choose to have the EFT deposited into a savings account, you may submit a letter from a bank officer verifying your account information. The letter must be on bank letterhead and include the bank's name, address and routing number, the type of account, the account number, and the account owner's name, address, and tax ID number. The letter also must be signed by a bank officer and notarized.

EFT enrollment applications that do not meet these requirements will be rejected.

After sending the Electronic Funds Transfer Authorization Form to the Alliance, please allow a minimum of four (4) weeks for processing.

The EFT transactions will be transmitted to the Alliance's bank on Thursday. Due to normal banking procedures, the transferred funds may not be available at your bank for up to three (3) business days after the transfer. Please contact your banking institution regarding the availability of your funds.

If you have any questions about the EFT process, please call the Alliance Provider Services Department at **1.510.747.4510**.



Electronic Funds Transfer Authorization Form - Instructions

Providers wishing to request **Electronic Funds Transfer (EFT)** of Alameda Alliance for Health (Alliance) fee-for-service (FFS) funds must complete and return an **Electronic Funds Transfer Authorization Form**, along with one (1) of the following attached to your form:

- A voided check from the checking account to which the funds are to be transferred. The check must contain the name and address of the provider or provider organization and the word "VOID" must be written across its face; OR
- If you have a deposit-only checking account (and you do not have checks) or you choose to have the EFT deposited into a savings account, you may submit a letter from a bank officer. The letter must be on bank letterhead and include the bank's Name, address and routing number, the type of account, the account number, and the account owner's name, address, and tax ID number. The letter also must be signed by a bank officer and notarized.

Sections A and B of the EFT form must be complete and legible, otherwise, the request will not be processed and will be returned.

Section A: Provider Information

Step 1 – Enter **NAME OF PROVIDER** – Complete legal name of the institution, corporate entity, practice, or individual provider as it is filed with the Alliance.

Step 2 – Enter **PROVIDER IDENTIFIER NPI NUMBER** (or Group NPI if payment is made to a Group Practice).

Providers with more than one NPI, attach a list of NPI numbers to the application. **Provider Groups that receive payments under the Group number only need to complete one (1) single enrollment form for the Group NPI.** Provider Group Members, who also bill individually, can enroll in EFT as an individual provider by submitting a separate enrollment form using their **individual Provider NPI**.

Step 3 – Enter **DOING BUSINESS AS (DBA) NAME** – A fictitious business name, under which the business or operation is conducted and presented to the world and is not the legal name of the legal person (or persons) who actually own it and are responsible for it.

Step 4 – Enter **PROVIDER IDENTIFIER** – Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN).

Step 5 – Enter **PROVIDER CONTACT NAME** – Name of contact in provider office for handling EFT issues.

Step 6 – Enter **PHONE NUMBER** – Associated with contact person.

Step 7 – Enter **EMAIL ADDRESS** – An electronic mail address in which the Alliance may contact the provider.

Step 8 – Enter **PROVIDER ADDRESS** – The number and street name where a person or organization can be found, include **CITY, STATE** and **ZIP CODE**.



Step 9 – Enter **PROVIDER AGENT NAME** – Name of provider’s authorized agent.

Step 10 – Enter **PROVIDER AGENT PHONE NUMBER** - Associated with provider agent.

Step 11 – Enter the **PROVIDER AGENT ADDRESS** – The number and street name where a person or organization can be found, include **CITY, STATE** and **ZIP CODE**.

Step 12 – Enter **PROVIDER AGENT EMAIL ADDRESS** – An electronic mail address in which the Alliance may contact the provider agent.

Section B: Banking Information

Step 1 – Enter the 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. Numbers can be found at the bottom of your check.

Step 2 – Enter the Provider’s Account Number with Financial Intuition: Provider’s account number at the financial institution to which EFT payments are to be deposited.

Step 3 – Type of Account at Financial Institution: The type of account the provider will use to receive EFT payments, e.g. Checking, Savings.

Step 4 – Financial Institution Name: Official name of the Provider’s financial institution.

Step 5 – Financial Institution Address: Street Address associated with receiving depository financial institution name field, City, State, Zip Code.

Section C: EFT Authorization or Cancellation

Providers should complete and sign this section. All documents received will be processed and placed in the provider’s file. Please note: For providers who have claims paid within a particular payment cycle, FFS funds are normally scheduled to be transferred on Thursdays. Due to normal banking procedures, the transferred funds may not be available at your bank for up to three (3) business days after the transfer. Please contact your banking institution regarding the availability of your funds.

Please allow a minimum of four (4) weeks for your Electronic Funds Transfer Authorization Form request to be processed.

To change banking information, providers must send the following:

- A new Electronic Funds Transfer Authorization Form indicating the new banking information. The enrollment form must be signed with an original signature and a title must be indicated.
- A voided check with the new account and routing numbers must be attached to the new enrollment form. If the account is a “deposit only” account, attach a signed, notarized letter from your banking institution indicating the new account and routing numbers. Regardless of what is being updated, both the account and routing numbers must always be indicated.



- A letter indicating changes to your account is required. The letter must be on company letterhead and include any provider number(s) (tax ID and NPI), new account and routing numbers and a brief explanation for the change. The letter must have an original signature and a title should be indicated.

PLEASE NOTE: If you are changing your EFT from one banking institution to another banking institution, your payments will automatically transfer back to paper for a minimum of two (2) weeks while your EFT is being set up on your new account.

To cancel EFT transactions, providers must send an Electronic Funds Transfer Authorization Form, including the provider number(s), applicable Tax ID and/or NPIs, to the address below. Please allow a minimum of four (4) weeks to transition to a paper check.

Please email, fax, or mail the completed form with the voided check and attachments (if applicable) to:

Email

finance@alamedaalliance.org

ATTN: Alameda Alliance for Health – [DBA/Provider Name]

Fax

Alameda Alliance for Health – Finance Department

ATTN: Alameda Alliance [DBA/Provider Name]

Fax Number: **1.510.995.3709**

Mail

Alameda Alliance for Health

ATTN: EFT Processing – Finance Department

1240 South Loop Road

Alameda, California 94502

For questions regarding the Electronic Funds Transfer Authorization Form, please contact:

Alliance Provider Services Department

Monday – Friday, 7:30 am – 5 pm

Phone Number: **1.510.747.4510**

Questions? Please call the Alliance Provider Services Department

Monday – Friday, 7:30 am – 5 pm

Phone Number: **1.510.747.4510**

www.alamedaalliance.org



Electronic Funds Transfer (EFT) Authorization Form

This authorization remains in full force and effect until Alameda Alliance for Health (Alliance) receives written notification from the provider of its termination, or until the Alliance or an appointing authority deems it necessary to terminate the agreement.

DIRECTIONS: An original pre-imprinted voided check for checking accounts, or an original bank letter for savings accounts, must be submitted with this form. The provider name, routing number and account number on either of those documents must match what is entered on this form. Photocopied documents will not be accepted. Please print or type legibly. Use ink for signatures, including notary. Please print this form single-sided and complete all sections before sending it to the Alliance.

SECTION A:

1. NAME OF PROVIDER (Name must match name on bank account and name registered with the Alliance)		2. PROVIDER IDENTIFIER NPI NUMBER (Attach the providers with more than one NPI form below if multiple NPI's)	
3. DOING BUSINESS AS NAME (DBA)		4. PROVIDER IDENTIFIER (TIN OR EIN, only one TIN/EIN per form)	
5. PROVIDER CONTACT NAME	6. PHONE NUMBER	7. EMAIL ADDRESS	
8. PROVIDER ADDRESS		CITY	STATE
9. PROVIDER AGENT NAME (Name of provider's authorized agent)		10. PROVIDER AGENT PHONE NUMBER	
11. PROVIDER AGENT ADDRESS		CITY	STATE
12. PROVIDER AGENT EMAIL ADDRESS		ZIP CODE	

SECTION B:

1. FINANCIAL INSTITUTION ROUTING NUMBER	2. PROVIDER'S ACCOUNT NUMBER (include leading zeros)	3. TYPE OF ACCOUNT AT FINANCIAL INSTITUTION <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
4. FINANCIAL INSTITUTION NAME			
5. PROVIDER ADDRESS		CITY	STATE
		ZIP CODE	



SECTION C:

Please check the appropriate box.

- I hereby authorize the Alliance to initiate credit entries to my bank account as indicated above, and the depository named above to credit the same to such account. For changes to existing accounts, do not close an existing account until the first payment has been deposited into the new account.

- I hereby **CANCEL** my EFT authorization.

I understand that by signing this form, payments issued will be from Federal and State funds, and that any falsification or concealment of a material fact may be prosecuted under Federal and State laws.

Authorized Signature: _____ Date: _____

Title: _____ Print Name: _____

Signature must be owner, partner, or corporate officer.

Please email, fax, or mail the completed form and attachments (if applicable) to:

Email

finance@alamedaalliance.org

ATTN: Alameda Alliance for Health [DBA/Provider Name]

Fax

Alameda Alliance for Health

ATTN: Alameda Alliance [DBA/Provider Name]

Fax Number: **510.995.3709**

Mail

Alameda Alliance for Health

ATTN: EFT Processing – Finance Department

1240 South Loop Road

Alameda, California 94502

<p><u>Internal Use Only:</u></p> <p>Reviewed By: Finance Signatory: _____</p> <p>Date Signed: _____</p> <p>SR Number: _____</p>



Providers with More Than One (1) NPI

Providers with more than one (1) NPI, attach a list of NPI numbers to the application. **Provider Groups that receive payments under the Group number only need to complete one (1) single enrollment form for the Group NPI.** However, members of Provider Groups who also bill individually may enroll by submitting a separate enrollment form using their individual provider number.

Provider Group/Individual Name	Provider Group/Individual NPI	For Alliance Use Only

Authorized Signature: _____ Date: _____

Title: _____ Print Name: _____

Signature must be owner, partner, or corporate officer. Please send form and attachments (if applicable) via email, fax, or mail.