EFT/ERA FORMS

IF YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE CALL:

1-888-633-4055

EFT FORM WALK THROUGH

The next slides will go over the EFT form

Slides (3-9)

EFT FORM

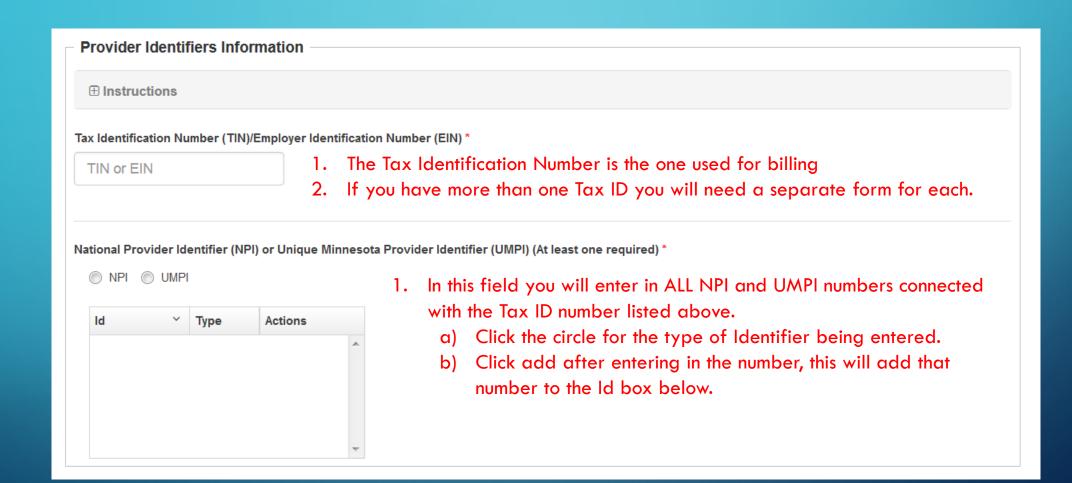


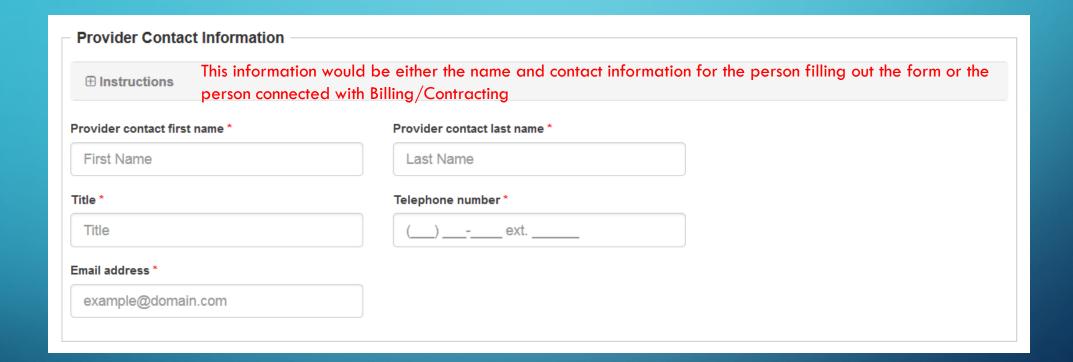
South Country Health Alliance

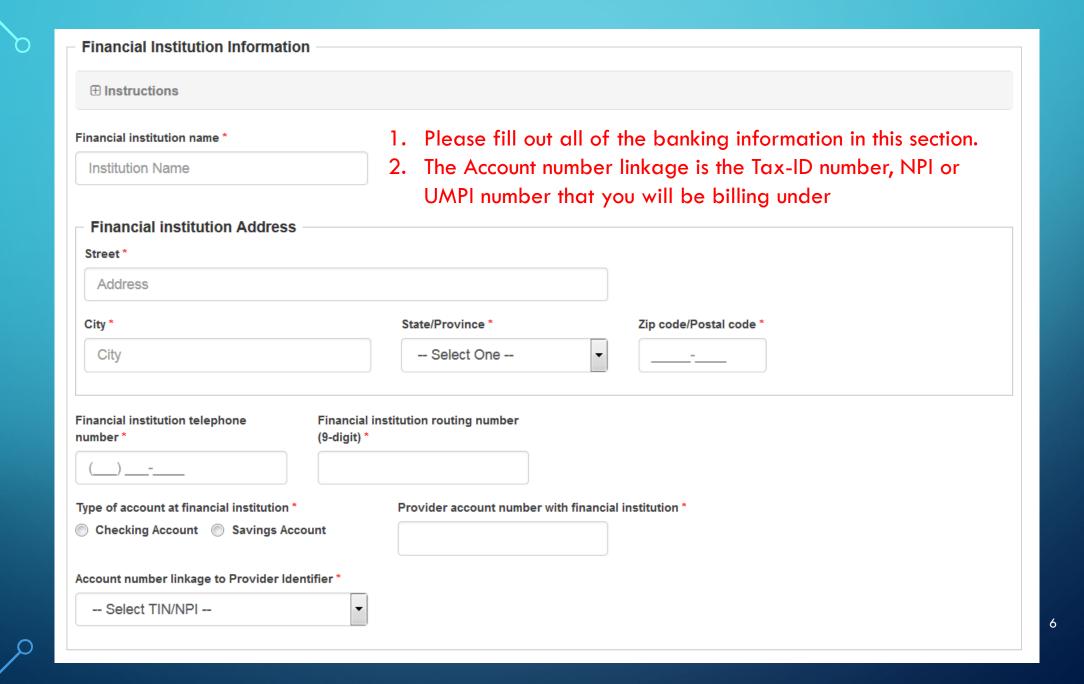
Electronic Funds Transfer (EFT) Authorization Agreement

Please note: If you are signing up for EFT, you must also sign up for Electronic Remittance Advice (ERA) (if not currently enrolled).

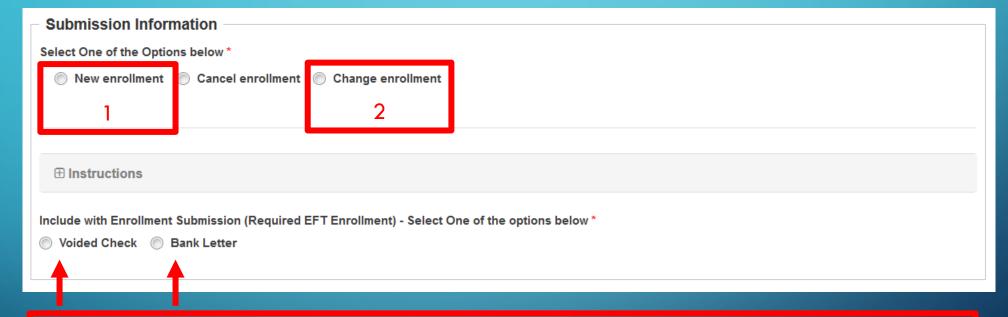
DO NOT PRINT AND SEND IN THE WEB FORM **Provider Information** FILL IN THIS FORM ONLINE AND PRINT THE AUTHORIZATION PAGE **⊞** Instructions THAT WILL POPULATE AFTER SUBMITTING. Provider name * Doing Business As (DBA) name * Provider Name **DBA Name Provider Address** City * Street Address * City Address Zip code/Postal code * State/Province * -- Select One --







- 1. On this screen you will select New enrollment if you are setting up your EFT.
- 2. If you have made a mistake and need to correct something you can resubmit this form and select Change Enrollment
- 3. If you have decided you would rather have paper checks you can select the Cancel Enrollment option



- 1. Please select the type of document you will be submitting
- 2. In order to complete the process for setting up your EFT you will need to send in a Voided Check or Bank Letter with a signed authorization form which you will get after the next step

Authorization **⊞** Instructions I affirm all of the information contained in this enrollment application to be correct and true to the best of my knowledge. I understand that providing false or misleading information on this enrollment application will result in rejection from the EFT payment program and that I will be responsible for any fees, legal or otherwise, incurred by South Country Health Alliance on my behalf. NO BALANCE BILLING TO PATIENT. By accepting South Country Health Alliance payments, you agree to only bill or attempt to collect from the member any unpaid amounts on any remittance indicated as "member responsibility." Authorized Signature -Please make sure this Authorization Agreement is filled out completely and Click Submit. After the form has been submitted, an Authorization Agreement signature document will display. Print off the Authorization Agreement signature document and sign. Please mail, email or fax the signed document along with a voided check or bank letter (signed and dated by a bank representative) to our office. Email address: schaclaims@primewest.org Fax number: 1-888-633-4056 Mailing address: South Country Health Alliance Attn: Provider Network - Accts Payable 1. In this section the person submitting the enrollment will fill 3905 Dakota Street out their information with their title. Alexandria, MN 56308 Title of Person Submitting Enrollment * Name of Person Submitting Enrollment * Requested EFT Start/Change/Cancel Date * The Requested EFT Start/Change date will be the date you submit the form MM/DD/YYYY You MUST click Submit. After you click submit you will get to print a copy of the authorization page which you will return with the Voided check or bank Submit letter.

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EFT FORM

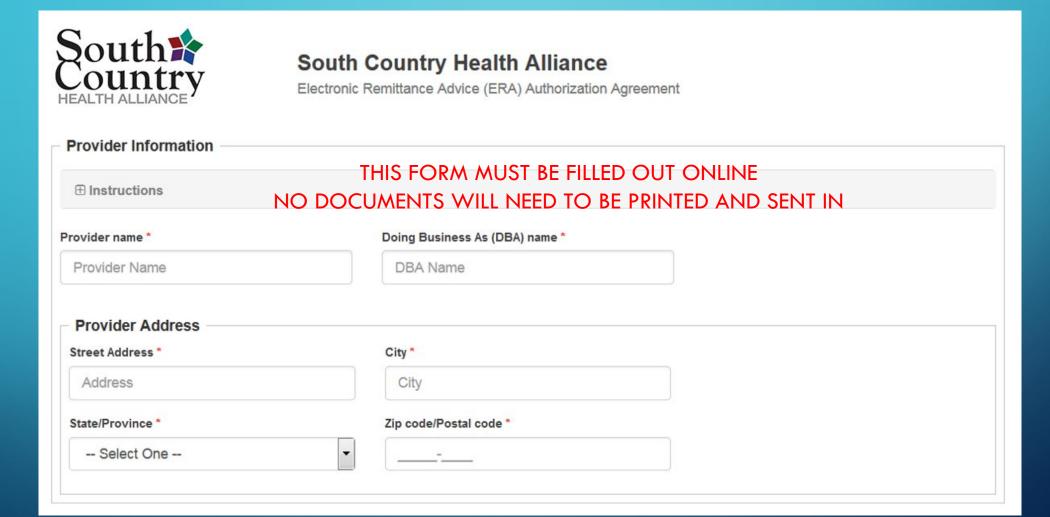
- After clicking Submit you will get a copy of the form that needs to be signed and submitted.
- E-mail the documents to: <u>schaclaims@primewest.org</u>
- Fax the documents to: 1-888-633-4056
- Mail the documents to:

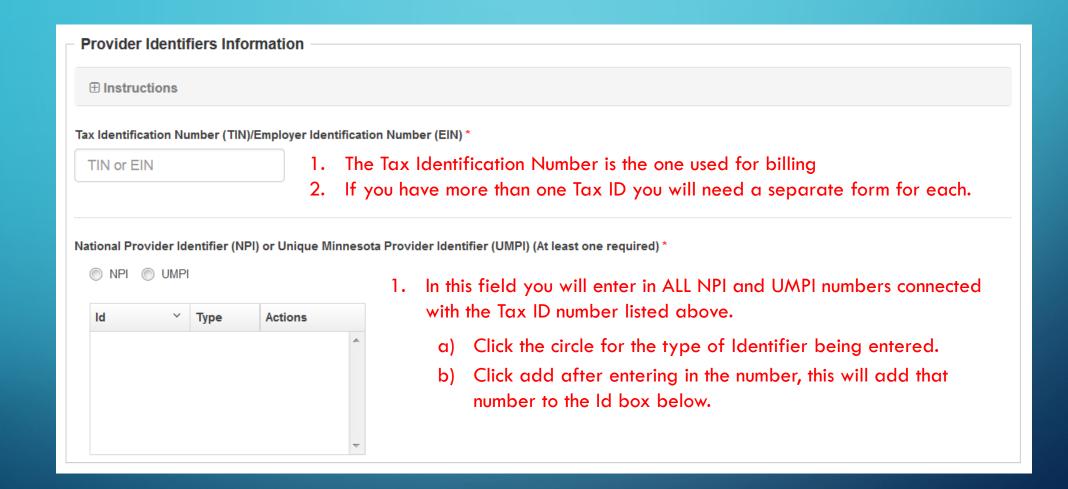
South Country Health Alliance Attn: Provider Network - Accts Payable 3905 Dakota Street Alexandria, MN 56308

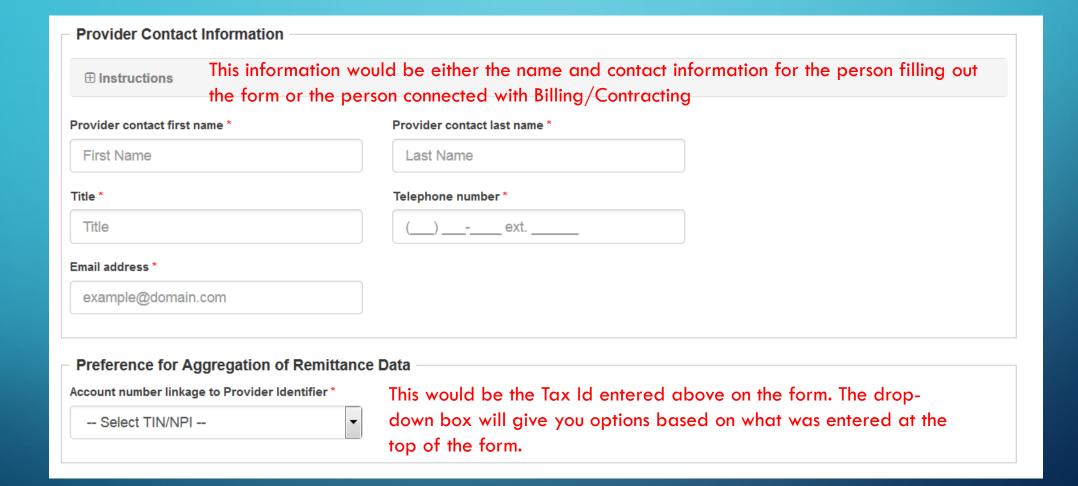
ERA FORM WALK THROUGH

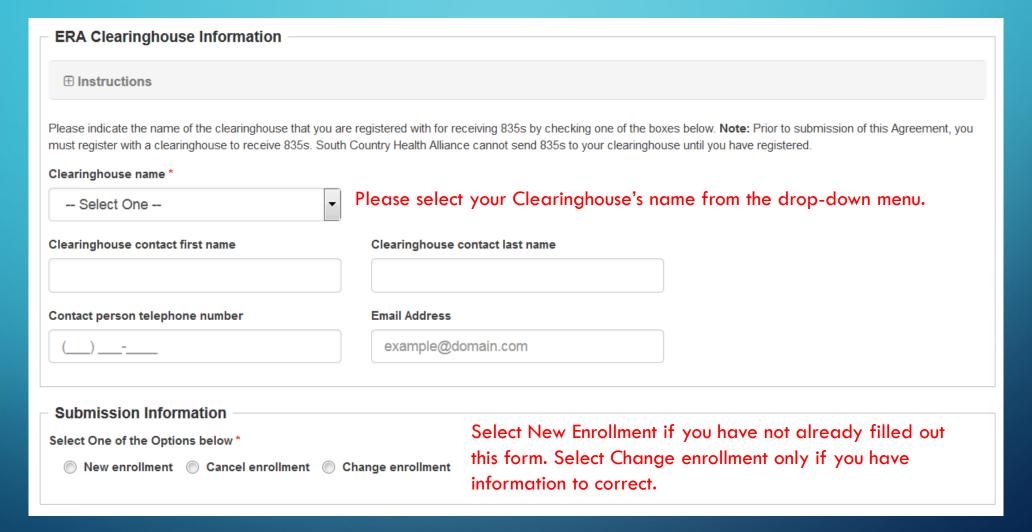
The next slides will go over the ERA form Slides (11-16)

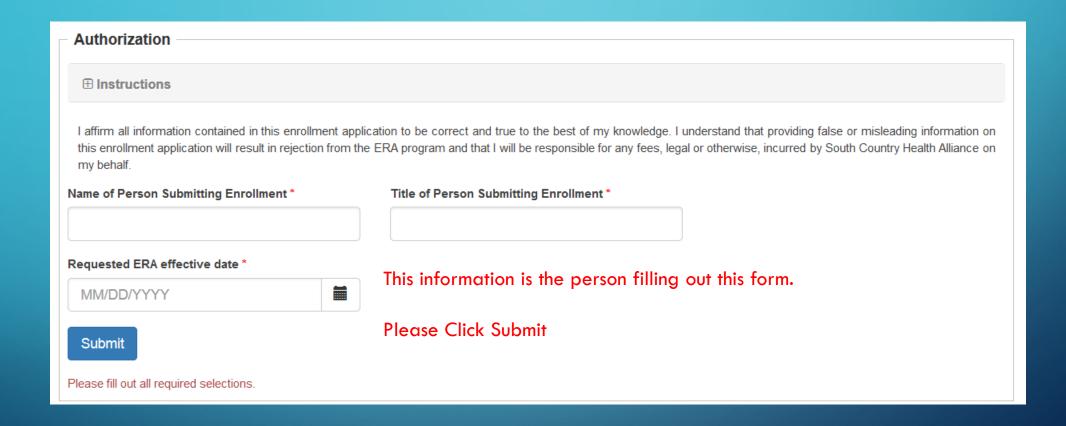
ERA FORM











ERA ENROLLMENT FORM

After clicking submit your form has been processed.

We do not need any documents mailed or e-mailed in along with this form.