IEHP®
A Public Entity
Inland Empire Health Plan

ELECTRONIC FUNDS TRANSFER (EFT) AUTORIZATION AGREEMENT

This form is being completed in response to:

☐ Fax ☐ Receipt via Mail ☐ IEHP's website ☐ New Contract with IEHP

Directions: Complete all information and attach a voided check or an image of the voided check to this form. You have the option of: (1) mailing the completed form to: Accounts Payable, PO BOX 1800, Rancho Cucamonga, CA 91729-1800, (2) faxing it to (909) 890-5752 or (3) e-mail it to vendormaintenance@iehp.org

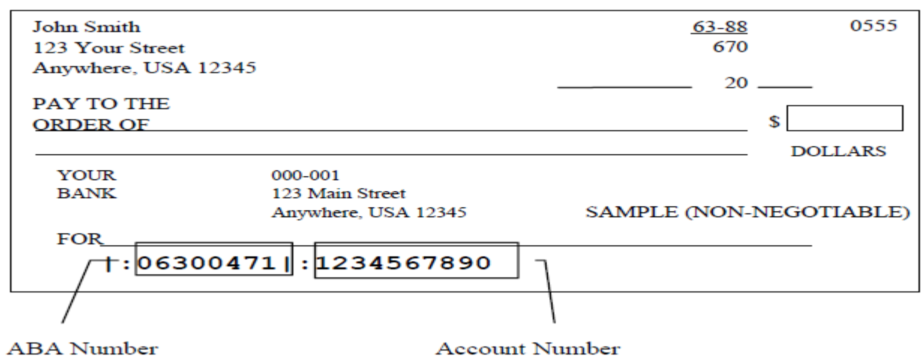
Application and Authorization for Vendor Direct Deposits

REASON FOR SUBMISSION

☐ New Setup ☐ Cancellation ☐ Change Financial Institution ☐ Change Account Number

PAYEE IDENTIFICATION (*all fields required*)

Provider/Vendor Name
Provider/Vendor TIN *(Tax Identification Number)*
Provider E-mail
Provider Contact Phone Number
Provider Street Address
Provider City
Provider State
Provider Zip Code
Provider NPI



FINANCIAL INFORMATION
(*all fields required*)

Financial Institution (Depository) Name
Transmit/ABA Number *(9 digits)*
Account Number
Financial Institution Street Address
Financial Institution City
Financial State
Financial Zip Code
Requested EFT Start/ Change/ Cancel Date

Printed Name of Person Submitting Enrollment
Signature of Person Submitting Enrollment
Printed Title of Person Submitting Enrollment
Submission Date

We authorize Inland Empire Health Plan to initiate credit entries to the account indicated above and the financial institution named above hereinafter called Depository, to credit the same to such account. It is our responsibility to notify IEHP Provider Services at (909) 890-2054 within a reasonable time if we become aware of any changes in status or banking information. It is our responsibility to notify Provider Services within a reasonable time if we believe there is a discrepancy between the amount deposited directly to our bank account and the amount of the invoices/claims paid. This authority is to remain in full force and effect until IEHP has received written notification from us of its termination in such time and in such manner as to afford IEHP and Depository a reasonable opportunity to act on it.

Inland Empire Health Plan

Instructions for completing the *EFT Enrollment form*

Please type or print legibly.
Use only black ink or blue ink to complete paper form.
Online form can be accessed at www.iehp.org

For questions about the electronic funds transfer enrollment process, send an email to Vendor Maintenance at vendormaintenance@iehp.org

Reason for Submission
New Setup – New EFT enrollment
Cancellation – Cancel current enrollment
Change Financial Institution – Change Bank Information
Change Account Number – Account number change only

Payee Identification - **Please fill out completely**
Provider/Vendor Name – Complete legal name of institution, corporate entity, practice, individual name or DBA, if applicable
Provider Federal Tax Identification Number (TIN) – A TIN is used to identify business entity
Provider Email Address – An electronic mail address at which the health plan might contact the provider
Provider Contact Telephone Number – Telephone number of provider contact with extension, if applicable
Provider Physical Street Address – The number and street where a person or organization can be found
City – City associated with provider address field
State – ISO 3166-2 two character code associated with the state
Zip Code/Postal Code – System of postal-zone codes
Provider 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 HPI 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.

Financial Information
Financial Institution Name – The official name of the provider's financial institution
Transmit/ABA Number – A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited
Account Number – Provider's account number at the financial institution to which EFT payments are to be deposited
Financial Institution Physical Street Address - The number and street associated with receiving depository financial institution name field
City – City associated with provider address field
State – ISO 3166-2 two character code associated with the state
Zip Code/Postal Code – System of postal-zone codes
Requested EFT Start/Change/Cancel Date – Date the provider wishes to begin receiving EFTs, change data, or cancel the EFT process

Include with Enrollment Submission
Voided Check – Avoided check is attached to provide confirmation of the Identification/Account Numbers
Bank Letter – A letter on bank letterhead that formally certifies the account owners routing and account numbers

Authorized Signature
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
Signature of Person Submitting Enrollment – A (electronic or cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity
Printed Title of Person Submitting Enrollment – The printed title of the person signing the form; may be used with electronic or paper-based manual enrollment
Submission Date – The date on which the enrollment form is submitted

IEHP Vendor Direct Deposit

Frequently Asked Questions (FAQs)

- What is a direct deposit payment?
  - Direct deposit is a method of payment where your funds are deposited directly into your bank account. No paper check is issued.
- How do I sign up for direct deposit payments?
  - You will need to complete the IEHP Application and Authorization for Vendor Direct Deposit Payments form. If the forms are completed correctly, IEHP will set up your record within two business days. IEHP will then request verification of the bank account information from your financial institution. This verification takes approximately two weeks. When the verification has been completed, you can then be paid by direct deposit.
- Do I need any special software to receive direct deposit payments?
  - No. All you need is a valid account at any United State bank or credit union that participates in direct deposit.
- What format is used to transmit the direct deposit payment?
  - IEHP currently makes direct deposit payments using the CCD (Cash Concentration or Disbursement) format.
- How will I know that I have received a direct deposit payment?
  - You will receive a direct deposit notification, either by e-mail or US mail, detailing the payor, all invoice/claims numbers, the dollars amounts in each day’s deposit, and the date of the deposit. Notification is mailed two days before the deposit is made.
- Will my bank notify me that I have received a direct deposit payment?
  - Each bank has its own internal procedures. Please contact your bank to find out its process.
- How soon will the direct deposit be in my account?
  - The funds become available three business days or sooner, depending on your banking institution, after the payment has been processed by IEHP.

IEHP Vendor Direct Deposit

- Is my bank account information secure?
  - Yes. IEHP has only a few designated staff that has access to update and read vendor bank account information.
- How do I notify IEHP of changes to my bank account?
  - To update your account, call Provider Relations Team at (909) 890-2054. Please provide a week's notice before you close an account and provide us with a replacement account.
- Can I get my claims remittance advice electronically?
  - Due to HIPAA regulations, we are not offering this service at this time.
- Can I get my claims remittance advice faxed to me?
  - We do not offer that service at this time. We will consider adding it if enough vendors request it.
- Who do I contact if I have additional questions?
  - You can contact the Provider Relations Team at (909) 890-2054.