



Electronic Funds Transfer (EFT) Banking Information

Instructions: Please answer the questions below and attach a **copy of a voided check and up-to-date W-9**, to ensure accuracy of the information. Please fax it to: **520-874-7144**.

The EFT set-up can take up to 30 days before it becomes effective. Your Provider Relations Representative will contact you and let you know when the set-up is complete.

Vendor Name: _____

Vendor Tax ID: _____

Vendor Contact Name: _____ Vendor Contact Phone: _____

Vendor Address: _____

(Please note address listed should denote where EOB is sent)

Is this a new address? Yes No

ACH Bank Routing Number: _____ Bank Account Number: _____

Do you **submit** claims via Emdeon (Medifax, Envoy/NEIC, WebMD) or the SSI Group?

Yes No

Can you **accept** an electronic Remittance Advice (ERA) EDI 835 through Emdeon (Medifax, Envoy/NEIC, WebMD) or the SSI Group?

Yes No (If Yes, check if you would like an application for ERA)

If not, please list what software vendor or clearinghouse you use: _____

Who is your Provider Relations Representative? _____

NOTE: The University of Arizona Health Plans (including University Family Care, Maricopa Health Plan, University Care Advantage and University Healthcare Group) are not responsible for monies deposited to an incorrect account due to non-notification of a change in bank or account number.

For Internal Use Only: Date Received: _____ Scan Date: _____

List all Master Vendor #'s: _____

Provider Relations Internal Phone and Email: _____