

Instructions for Completing the Authorization Agreement for Electronic Funds Transfer (EFT)

Please read completely before filling out your EFT authorization form. Failure to fill out your Authorization Agreement for EFT entirely with accurate information could result in update delays.

PART I:

DSHS Social Services Providers only-

Please indicate the locations you are updating by checking the box that applies to this EFT request. If you choose: **ALL** Social Service locations with this tax ID, every payment detail under the tax ID listed on this EFT form will be updated with the information you are submitting. If you choose: **ONLY** the Social Service address listed, only the Social Service Location address on the EFT form will be updated with the information you are submitting.

All providers-

Please indicate by checking the appropriate box if this is a new enrollment in EFTs, a change of enrollment for your EFTs or if you are cancelling your EFT enrollment.

Note: If you are cancelling your EFT enrollment you will receive payment via paper check to the pay-to address that is on your provider file in ProviderOne.

PART II:

All providers-

This section is to gather provider demographics. Please enter your organization name, practice location street address, city, state or province and ZIP code+4. Next you will enter your National Provider Identifier (NPI) number, federal tax ID or employer identification number that is on file with the Health Care Authority, provider name and telephone number where you can be reached including the area code.

DSHS Social Services Providers only-

If you are a Social Service Provider not billing for medical services, you will not have an NPI on file with the Health Care Authority and are not required to provide this number.

PART III:

All providers-

Please enter your financial institution's name*, your financial institution's routing number**, your provider financial institution account number, and indicate which account type you wish to have your payments transferred by checking the box for checking or savings.

This authority will continue until Washington State has had a reasonable opportunity to act upon your written request to terminate EFT service or until Washington State determines that the required qualifications for enrollment are no longer being maintained.

*The transit routing number is the 9-digit target Bank Identification number assigned by the American Banking Association.

**The account number is the provider's bank account number to which funds will be transferred.

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PART IV:

This section does NOT apply to DSHS Social Services Providers.

If you would like to receive Electronic Remittance Advice (HIPAA 835) directly to you (the provider) please indicate that by checking the box "EDI/835 Delivered directly to provider." If you select this option, a Trading Partner Agreement (TPA) will be required. Please visit the following link to print the TPA:

<http://www.hca.wa.gov/medicaid/providerenroll/documents/tradingpartneragreement.pdf>

A PDF version of the remittance advice is available to all providers through the provider portal in ProviderOne. Selection of this box is optional, will override any previous communication regarding the 835, and will result in the 835 Electronic Remittance Advice being delivered directly to the provider. If the desired result is for the 835 to be submitted to another entity (such as a Billing Agent or Clearing House), then the 835 association must be made by the provider using the ProviderOne portal.

PART V:

All providers-

Once you have read and agree to the authorization statement print your name and title. Then sign and date the Authorization Agreement for Electronic Funds Transfer.

Once your EFT information has been approved in ProviderOne there will be a 10-business day testing period to verify that the bank information is correct. You will continue to receive paper checks during this time.

Mail or fax your completed Authorization Agreement for Electronic Funds Transfer to:

HCA – MEDICAID
PO BOX 45562
OLYMPIA, WA 98504-5562
FAX (360) 725-2144