



Electronic Funds Transfer (EFT) Enrollment for Medical Claims and Capitation Checklist

Please use this guide to prepare and complete your EFT enrollment request by completing all of the sections marked with asterisks. Incomplete and/or illegible fields will cause the form to be returned. To ensure form is legible, please type or print all requested information clearly. Missing or incomplete information within the enrollment form will delay your request. For enrollment in or changes to Electronic Remittance Advice set-up, please refer to the ERA/EFT enrollment form at: www.aetna.com/provider/data/ERA_EFT_Enrollment_Form.pdf.

- Are you using one enrollment form per tax id?** Enrollment forms containing more than one tax id will be returned. Please wait to submit your enrollment until a claim has been processed and finalized under your tax ID.
- Did you remember to put the NPI # on the enrollment form?** Having a valid NPI on file aids in the processing of your claims. Multiple NPIs with the same information? Only one form is needed, just attach an NPI listing.
- Have you attached a voided check or bank letter?** Enrollment requests cannot be processed without this information. A voided check **must** accompany the form; a “starter check” or a copy of the Deposit Slip **will not** be accepted. The banking information on the voided check/bank letter must match what is listed on the enrollment form.
- Are you requesting EFT for your capitated payments?** You **must** be set up for capitation. If the banking information is the same for medical claims AND capitation, you only need to complete **one** enrollment form. If not, please complete a separate enrollment for the EFT for capitation.
- Has the form been signed by the appropriate individuals?** The form **MUST** be signed by two people: an *authorized healthcare professional* – MD, CFO, CEO, etc., **AND** a *supervisor-level authorized personnel* – office manager, billing manager, etc. Your enrollment form will be returned if there is only one signature.
- If enrolling to receive EFT email notification, have you indicated an authorized email address?** You may elect to have up to two email addresses receive notification when Aetna sends an electronic funds transfer to your bank. **Please type or print email address information clearly.** To ensure that EFT Notifications are delivered to the e-mail address(es) provided, please add notifications@transautoemail.aetna.com to your address book.
- Have a completed form to submit?** Submit only one form per fax. Multiple enrollment requests must be faxed separately. Faxes containing multiple forms will be returned. **Completed forms should be faxed to 860-907-4731.** Please allow 10-15 business days for processing once an enrollment is received before requesting status. Backlog may occur which could result in a longer processing time. An email confirmation will be sent once setup is complete. **Please be aware, follow-up by an Aetna representative to a supervisor-level authorized health care professional may occur to ensure accuracy of banking information.**

To take advantage of direct deposit (EFT), your bank must be a participating member of the Automated Clearinghouse Association (ACH). **Please note: if you require payments to be deposited into multiple bank accounts, you must complete bank account information for each account.** Capitation payments made under a single TIN can only be deposited into one bank account. New EFT enrollment or changes to existing EFT banking information will trigger a new EFT pre-note period. The EFT pre-note period will run for 10 days from the effective date. Production will start on day 11. You are responsible for notifying Aetna if your banking information changes.

Please Note: Once EFT set-up is complete and active, your paper Explanation of Benefits (EOBs) will be discontinued in 30 days. As a registered user of Aetna’s secure provider website, you can access your EOBs online via the Claim EOB Tool. Once an EFT is transmitted to your bank, your electronic EOB is immediately available. This allows you to post payments several days sooner than if you used a paper EOB. Not Registered? Go to <https://connect.navinet.net>. EFT e-mail notifications will be sent when:

- EFT is active
- A claim has been processed where payment has been issued

Any changes or updates to the e-mail address(es) provided and requests to unsubscribe to EFT E-Mail Notification must be submitted through our secure provider website. If you are not currently registered please register at <https://connect.navinet.net>.

AUTHORIZATION AGREEMENT

I hereby authorize Aetna, on behalf of itself and its affiliates, including Aetna Life Insurance Company and Aetna Health Inc. (hereinafter “Company”), to initiate credit entries to the account at the bank listed on the reverse for all benefits payments. This agreement will remain in effect until I notify Company of the desire to cancel or change this service or until Company notifies me that this service has been terminated. I understand I must allow reasonable time for my instructions to be executed. I authorize and request the bank listed on reverse to accept any credit entries by Aetna to such account and to credit the same to such account.

If Company credits more money than the correct benefits amount to the account, due to duplicate electronic funds transfers (where “duplicate” is defined as multiple electronic funds transfers received for the same services rendered, the same membership, and the same dates of service) or erroneous electronic funds transfers (where “erroneous” is defined as complete electronic funds transfers received in error), Company will attempt to recover the duplicate or erroneous payment via a debit to my account to the extent permitted by state law. If an electronic debit is unsuccessful for deposit only accounts, or not permitted by state law, Company will pursue settlement via alternate measures.*

* Company strictly adheres to the National Automated Clearing House Association (NACHA) guidelines.



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*Indicates required fields within each section.

Check all that apply Enroll in: EFT for Medical Claims EFT for Capitation EFT for Medical Claims & Capitation

Practice Information – Please note: Illegible or incomplete fields may cause your enrollment to be delayed.

| | | |
|--------|-----------------------|---|
| * Name | * Tax ID Number (TIN) | * Pay to/Billing National Provider Identifier (NPI) |
| | | |

* Contact Name and Email (used to request additional information and completion confirmation). Check here to enroll in EFT email notification

* 2nd Email address (for EFT email notification)

| | |
|---------------------------|-------------------|
| * Telephone Number () | Fax Number () |
|---------------------------|-------------------|

| | |
|-------------------------|-------------------------|
| Primary Service Address | Primary Billing Address |
|-------------------------|-------------------------|

Set Up Options: Check Only One

TIN level set up – Enroll the entire Tax ID for EFT payments: (All providers who bill under the TIN enrolled will receive electronic payments (EFT).

If you are not enrolling the entire Tax ID, please select an alternative setup:

Split by Billing Address - Enroll only certain **Billing Locations** under the Tax ID for EFT payments.

Split by Billing NPI – Enroll only certain **Billing NPIs** under the Tax ID for EFT payments. EFT will be generated for two or more NPIs (only to be used when **excluding** other providers under this TIN).

Please list the applicable Billing Locations or two or more NPIs you would like to enroll for EFT payments:

(If you have more than one bank account to enroll, please fill out a separate enrollment form for each account and include a bank letter or voided check for each account.)

EFT– Direct Deposit/Banking Information

* Bank Name _____ * Address _____

* Bank Routing Number (9 digits found on check, NOT deposit slip) _____

* Account Number _____ (voided check or bank letter required)

* Account type: Savings Checking Deposit Only

Yes Please turn off paper EOBs immediately following EFT set-up, otherwise paper EOBs will be turned off in 30 days.

When enrolling a new account for EFT, a voided check or letter from your bank and two different signatures are required.

*Authorization Agreement – Please read the reverse side and initial here. _____

By signing below, I hereby agree that I have read and agree to the terms and conditions stated on the reverse side.

Signature #1: Authorized health care professional may be MD, CFO, CEO, etc.

* Authorized health care professional name and title _____

* Signature _____ * Date _____

Signature #2: Supervisor-level authorized health care professional may be Office Manager, Billing Manager, etc.

* Supervisor-level authorized health care professional name and title _____

* Signature _____ * Date _____

* Form completed by name and e-mail address _____

* Telephone Number () _____ Fax Number () _____

Please Note: email address may be used to request additional information and to send completion confirmation

PLEASE FAX COMPLETED FORM, VOIDED CHECK AND/OR BANK LETTER TO AETNA EFT ENROLLMENT AT 860-907-4731.