



Electronic Funds Transfer (EFT) Authorization Agreement

Use this form 1) to enroll in EFT only; or 2) to change the financial institution account you have on file with us. If you are enrolling in electronic remittance advice (ERA) and EFT for the first time, use the combined ERA/EFT enrollment form located at: www.aetnapaperlessoffice.com. We can issue EFTs to all healthcare provider types, including those receiving capitation. See page 4 for definitions of terms with which you are not familiar.

Use the following guide when completing your EFT enrollment forms. Fields with an asterisk are **required**; **sections left blank or illegible will delay processing**.

- Send only one tax identification number (TIN) per fax. Enrollments for additional TINs must be faxed separately. If you would like us to deposit EFT payments into multiple accounts for the same TIN, complete a separate form for each account.
- Include your primary payee National Provider Identifier (NPI; the one receiving payment) on the enrollment form in the Provider Identifiers Information section. We will group your EFTs using the primary payee NPI (regardless of billing NPI submitted on claims). This will reduce the number of EFTs generated when the preference for aggregation is by TIN (all claims processed under this TIN) or split by billing address (claims received matching the specified billing address). If you do NOT want your EFTs grouped, please use the checkbox in the NPI Grouping section on Page 3.
Note: If you do NOT want all claims processed under this TIN set up for EFT, choose from one of the following options:
 - NPI Level Setup – we will only transmit EFTs for the billing NPIs that are enrolled (note: the EFT grouping process described above does not apply). Be sure to list the two or more NPIs you would like to enroll.
 - Billing Address Level Setup – we will only transmit EFTs based on the specific enrolled billing address(es). List the billing address(es) you would like to enroll. (Billing Address level option is located on Page 3.)
- Include a copy of a pre-printed, voided check with the account holder name imprinted on the check or an official letter from your financial institution. We cannot accept deposit slips, starter checks, handwritten or altered checks, and **we cannot process your enrollment without this information**.
- For bank changes, previous banking information is required. If you are requesting a change to the current EFT set up/bank account, please complete that section on page 3. We cannot process EFT changes without this information.
- If you are requesting EFT for your capitated payments, you **must** be set up for capitation. You only need to complete one form if the account is the same for both Medical and Capitation claim payments. We can deposit capitation payments made under a single TIN can into only one account.
- The enrollment form **must** be signed by authorized healthcare individuals. The signing authority must match the legal entity associated with the TIN. Examples of authorized healthcare individuals include: Practitioner (MD, DO, DC, DDS, PhD, etc.) and/or Corporate Officer or Authorized Manager (CEO, CFO, Office Manager, etc.).
- You can enroll to receive EFT email notifications when EFT is active and we have issued a claim payment. Sign up for the notifications on our secure provider website on NaviNet® at <https://connect.navinet.net>. Select Aetna→Email Options→Get EFT Email Notifications. Enter your financial institution's account number and click on the Continue Button. You can also unsubscribe or change/update your email address. **To ensure delivery of email notifications, add notifications@transautoemail.aetna.com to your address book.**
Email notification is not available for capitation EFTs.
- All status inquires must include the words "Status Request" in the subject field of the email.
 - To check the status of a new EFT enrollment, send an email to ERAForms@aetna.com
 - To check the status of an EFT change, send an email to EDIHotline@aetna.com

IMPORTANT:

Please allow 15 business days for processing. Processing times may vary depending on number of enrollments received, the accuracy of the information provided and whether the form is legible. We will send an email confirmation letting you know when EFT will start. To take advantage of direct deposit (EFT), your financial institution must be a participating member of NACHA®. You are responsible for notifying us of any changes to your account information. You may receive a phone call from us to ensure the accuracy of the listed financial institution account information. Visit www.aetnapaperlessoffice.com for additional information about ERA/EFT or electronic Explanation of Benefits (EOBs).

- For **new enrollments**, complete the EFT Authorization Agreement with a voided check or an official letter and fax to **860-907-4731**.
- For **EFT account changes**, complete the EFT Authorization Agreement with a voided check or an official letter and fax to **860-262-9883**.



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Please fax only one TIN per form. A separate form for each TIN must be used.

Asterisk (*) indicates required fields within each section. Incomplete and/or illegible fields and signatures will cause your enrollment to be delayed. Refer to the instructions before completing this form.

<input type="checkbox"/> Check here to apply EFT to your Capitation Payments.		
PROVIDER INFORMATION		
*Provider Name		
*Street		
*City	*State/Province	*ZIP Code/Postal Code
PROVIDER IDENTIFIERS INFORMATION		
* Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)		
* National Provider Identification Number (NPI)		
PROVIDER CONTACT INFORMATION		
*Provider Contact Name		Title
*Telephone Number () -		Extension
*Email Address		Fax Number () -
FINANCIAL INSTITUTION INFORMATION - Refer to instructions if you are enrolling more than one account.		
*Financial Institution Name	Street	
City	State/Province	ZIP Code/Postal Code
*Financial Institution Routing Number	*Type of Account at Financial Institution	<input type="checkbox"/> Checking <input type="checkbox"/> Saving
*Provider's Account Number with Financial Institution		
*Account Number Linkage to Provider Identifier (Select One)		
<input type="checkbox"/> Provider Tax Identification Number (TIN) _____		
<input type="checkbox"/> National Provider Identification Number (NPI) _____		
List two or more NPIs you would like to enroll for ERA/EFT payments:		

SUBMISSION INFORMATION		
*Reason for Submission	<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change Enrollment
*Include with Enrollment Submission	<input type="checkbox"/> Official Letter	<input type="checkbox"/> Voided Check

Authorization Agreement – Please read and sign your name below.

Electronic Funds Transfers (EFT)

I hereby authorize Aetna, on behalf of itself and its affiliates, including Aetna Life Insurance Company, Aetna Health Inc., Innovation Health Holdings, LLC, Coventry Health Care, Inc. ("Company") and their respective subsidiaries, to initiate credit entries to the account at the financial institution listed above 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 financial institution listed above to accept any credit entries by Aetna to such account and to credit the same to such account.

Company will not debit or deduct funds directly from my financial institution's account for claim overpayments and/or refund requests, but Company will seek permission to debit my financial institution's account for any adjustments or corrections to resolve duplicate payments (where "duplicate" is defined as Company sending multiple identical payments in error) or erroneous payments due to a financial institution account setup error. Company will attempt to recover the duplicate or erroneous payment via a debit to my account to the extent permitted by state law and with prior contact to me. If an electronic debit is unsuccessful, Company will notify me in writing to reach an alternative arrangement for reimbursement.*

Once Company transmits an EFT to my financial institution, I acknowledge my financial institution has three (3) business days to settle the funds and make them available in my account. I also acknowledge claims already in process on or before your effective date will still generate paper checks.

*Company strictly adheres to NACHA guidelines.

AUTHORIZED SIGNATURE

By signing below, I hereby agree that I have read and agree to the terms and conditions stated above. Furthermore, the undersigned certifies that the information provided is true and accurate in all respects and that he/she has been duly authorized by all necessary and appropriate action.

* **Written Signature of Person Submitting Enrollment**

* **Printed Name of Person Submitting Enrollment**

* **Printed Title of Person Submitting Enrollment**

Submission Date

If you prefer not to aggregate by TIN or NPI and 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.

List the applicable Billing Locations to enroll for EFT payments _____

NPI Grouping – For instructions, refer to enrollment guide on Page 1.

Do not group EFTs by primary payee NPI.

* **For bank changes, please provide the following information:**

* **Previous Bank Name** _____ **Previous Address:** _____

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

* **Previous Account Number** _____ * **Account type** **Saving** **Checking**

EFT Email Notification

If you would like to receive an email notification when we transmit an EFT to your financial institution, you may sign up by logging into our secure provider website and choosing the "Aetna Email Options" button or supply up to two **clearly printed** email addresses in the spaces below:

Email 1: _____

Email 2: _____

Electronic Explanation of Benefits (EOBs)

As a registered user of our secure provider website, you can access your EOBs online from the claim EOB tool. Your electronic EOB is immediately available once a claim is processed. This allows you to post payments several days sooner than if you used a paper EOB. Not registered? Register at: <https://connect.navinet.net/enroll>.

Your paper EOBs will stop within 31 days of the EFT effective date.

Please check when you would like your paper EOBs stopped:

Stop paper EOBs in 31 days Turn off paper EOBs immediately

Fax the completed form, voided check and/or official letter to:

- **860-907-4731** for new EFT enrollments.
 - To check the status of an EFT enrollment, send email to ERAForms@aetna.com and include the words "Status Request" in the subject line.
- **860-262-9883** for EFT changes
 - To check the status of an EFT change, send an email to EDIHotline@aetna.com and include the words "Status Request" in the subject line.
- Please visit www.aetnapaperlessoffice.com for additional information about EFTs and electronic EOBs.

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Definitions
Electronic Funds Transfer (EFT)

PROVIDER INFORMATION	
Provider Name	Complete legal name of institution, corporate entity, practice or individual provider
(Provider Address) Street	The number and street name where a person or organization can be found
City	City associated with provider address field
State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country
ZIP Code/Postal Code	System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities
PROVIDER IDENTIFIERS INFORMATION	
Provider Identifiers	Enter TIN and NPI information
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity
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 NPI 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.
PROVIDER CONTACT INFORMATION	
Provider Contact Name	Name of a contact in provider office for handling EFT issues
Title	Title of contact
Telephone Number	Associated with contact person
Email Address	An electronic mail address at which the health plan might contact the provider
Fax Number	A number at which the provider can be sent facsimiles
FINANCIAL INSTITUTION INFORMATION	
Financial Institution Name	Official name of the provider's financial institution
Financial Institution Street Address	Street address associated with receiving depository financial institution name field
City	City associated with receiving depository financial institution address field
State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country
ZIP Code/Postal Code	System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities
Financial Institution Routing Number	A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited
Type of Account at Financial Institution	The type of account the provider will use to receive EFT payments, e.g., Checking, Saving
Provider's Account Number with Financial Institution	Provider's account number at the financial institution to which EFT payments are to be deposited
Account Number Linkage to Provider Identifier	Provider preference for grouping (bulking) claim payments – must match preference for v5010 X12 835 remittance advice. Select from TIN or NPI. Numeric, 9 digits
SUBMISSION INFORMATION	
Reason for Submission	Select your reason for submission from the options available
Include with Enrollment Submission	Voided check: A voided check is attached to provide confirmation of Identification/Account Numbers Official Letter: A letter on the financial institution's letterhead that formally certifies the account owners routing and account numbers
Authorized Signature	The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment
Written Signature of Person Submitting Enrollment	A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity
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
Printed Title of Person Submitting Enrollment	The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment
Submission Date	The date on which the enrollment is submitted