



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

Please use this guide to prepare and complete your EFT enrollment request. Missing or incomplete information within the enrollment form will delay the benefits of participating in EFT. The following is a reference guide only, do not fax with the completed enrollment form.

- 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.**
- Have you filled out 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.**
- 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.



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For EFT new enrollment only: For changes to existing EFT/ERA set-up, please refer to the EFT/ERA enrollment form at: http://www.aetna.com/provider/data/ERA_EFT_Enrollment_Form.pdf.

Check all that apply:	Enroll
EFT for Medical Claims	<input type="checkbox"/>
EFT for Capitation	<input type="checkbox"/>
EFT for Medical Claims & Capitation (banking should be the same for both)	<input type="checkbox"/>

* Indicates required fields within each section. Incomplete and/or illegible fields and signatures may cause your enrollment to be delayed.

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)
* 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). Payments will not be bulked; They will still be generated/split per NPI.)

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 NPI – Enroll only certain **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

You MUST include a voided check or bank letter in order to enroll for EFT. Deposit Slip will NOT be accepted.

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.

* Bank Name _____ * Address _____

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

* Account Number _____ (voided check or bank letter required; no deposit slip)

* Account type: Savings Checking Deposit Only

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>.

Yes No Please turn off paper Explanation of Benefits immediately following EFT set-up

REMINDER: Your enrollment will not be started without a voided check or bank letter.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies (Aetna).

EFT Email Notification (not available for capitation EFT's)

If you would like to receive an email notification when Aetna transmits an EFT to your banking institution, please supply up to two email addresses in the space below. Or, you may sign up for email notification by logging in to our secure provider website via NaviNet® and choosing the "Aetna Email Options" button. 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 via NaviNet®. If you are not currently registered please register at <https://connect.navinet.net>.

* To ensure that EFT Notifications are delivered to the e-mail address(es) provided, please add notifications@transautoemail.aetna.com to your address book.

Email Address 1 (Please type or print email address information clearly)

Email Address 2 (Please type or print email address information clearly)

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 and Aetna Health Inc. (hereinafter "Company"), to initiate credit entries to the account(s) at the bank(s) 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 bank(s) listed above to accept any credit entries by Aetna to such account(s) and to credit the same to such account(s).

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 your 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.

*** Two different signatures are required unless sole proprietorship; One authorized health care professional AND one supervisor-level authorized health care professional.**

*** Incomplete and/or illegible signatures will cause your enrollment to be delayed.**

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

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

* Authorized health care professional name _____

* 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 _____

* Title _____

* Signature _____ * Date _____

Contact Information

* Form completed by _____

* Telephone Number () _____ Fax Number () _____

* Email Address _____

* Contact Name _____

* Telephone Number () _____ Fax Number () _____

* Email Address _____

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

*** 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.**

Please FAX completed form, voided check and/or bank letter to Aetna EFT Enrollment at 860-907-4731. Please note this is a dedicated fax number specifically for EFT Enrollment.