

**Electronic Funds Transfer (EFT) &  
Electronic Remittance Advice (ERA)  
Enrollment Request**

Dear Valued Provider/Vendor,

Thank you for your interest in Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA).

**Online Enrollment Options are Available:**

Before completing this form, please note that you can enroll, change or cancel existing EFT or ERA electronically through the Apex Health Solutions Provider Portal: [Apex Health Solutions Provider Portal Login](#).

Validated Electronic form submissions through our Plan Central portal will take 1-2 business days from the day the information is entered for full enrollment. You will be contacted if questions arise.

**Payments are made at the National Provider Identifier (NPI) level**

If you are unable to use the online enrollment option, please complete this form to enroll, change or cancel EFT. All NPI's listed on this EFT form will be transmitted to the financial institution transit/routing and account number on this EFT Authorization Agreement. New NPIs submitted on claims will be mapped to the account provided.

If a specific office location requires payment to a different account, it must have a different NPI and you must complete a separate EFT form.

Please thoroughly review to ensure your submission is complete and accurate. Enrollment using the paper form takes 3-5 business days from receipt to full enrollment. You will be contacted if questions arise.

**EFT/ERA Form Instructions**

- Complete all fields on this form
- Retain a copy of the completed EFT/ERA Enrollment Form for your records

**Electronic Funds Transfer (EFT)  
Automatic Deposit  
Authorization Agreement**

This form authorizes Apex Health Solutions, to initiate credit entries into the account(s) indicated below and authorize the financial institution/bank named below; to credit the same to such account(s).

If the account is drawn in the Physician's or Individual Practitioner's Name, or the Legal Business Name of the Provider/Supplier, the Physician/Provider/Supplier certifies that he/she has sole control of the account(s) below and certifies that all arrangements between Apex Health Solutions and the said Physician/Provider/Supplier are in accordance with all applicable Medicare regulations and instructions.

This authorization agreement is effective as of the signature date below and is to remain in full-force and effect until Apex Health Solutions has received written notice of termination at least 30 days prior to the termination date. If my banking account information changes, I agree to submit the corrections to Apex Health Solutions in an updated EFT Authorization Agreement.

**NOTE:** Apex Health Solutions makes claim payments based on the NPI assigned to the provider. When a provider is paid to a group or practice, all other providers under that same group or practice will also be paid by Electronic Fund Transfer. To view or print copies of your Remits, please log onto Plan Central: [Plan Central Provider Login](#)

Submission Type Information	
* Provider Information section and Authorized Signature <b><u>MUST</u></b> be filled out*	
<input type="checkbox"/> NEW EFT/ERA Setup	Include <b><u>ONE</u></b> of the following with your EFT Submission: <ul style="list-style-type: none"> <li>• Voided Check</li> <li>• Bank Letter-Must be signed/dated withing the past year</li> </ul>
<input type="checkbox"/> Change/Update Information  *Fill out the Fields that need to be changed/updated in the EFT section  *Fill out the Fields that need to be changed/updated in the ERA section	Include <b><u>ONE</u></b> of the following with your EFT Submission: <ul style="list-style-type: none"> <li>• Voided Check</li> <li>• Bank Letter-Must be signed/dated withing the past year</li> </ul> ERA updates – Fill out the below ERA section
<input type="checkbox"/> Cancel Request	<input type="checkbox"/> Cancel EFT (Will revert to Paper Checks)  <input type="checkbox"/> Cancel ERA Request (Will revert to Paper Remits)

Provider Information				
Provider Name ( <i>legal practice name, not rendering provider</i> ):				
Provider Address: ( <i>physical address</i> )	Street:	City:	State:	ZIP:
Provider Identifiers Information				
Provider Federal Tax Identification Number(s) (TIN)		*National Provider Identifier(s) (NPI):		
<p><b>*Note:</b> Payments are made at the NPI level. Payments for the NPI's listed above will be transmitted to the financial institution transit/routing and account number indicated on this EFT Authorization Agreement. If a specific location requires payment to a different account, it must have a different NPI <u>and</u> you must complete a separate EFT form.</p>				
Provider Contact Information				
Provider Contact Name:		Telephone Number:		
Email Address:				

Financial Institution Information	
Financial Institution Name:	Financial Institution Routing Number:
Provider's Financial Account Number:	Type of Account at Financial Institution <input type="checkbox"/> Savings <input type="checkbox"/> Checking
<p><b>Note:</b> Apex Health Solutions follows CCD+ Data elements for re-association according to section 4.1 of CAQH CORE Rule 370.</p> <p><b>4.1 Receipt of the CORE-required Minimum CCD+12 Data Required for Reassociation</b>            A health plan must proactively inform the healthcare provider during EFT (Healthcare EFT Standards) and ERA (v5010 X12 835) enrollment that it will need to contact its financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Data Elements necessary for successful reassociation of the EFT payment with the ERA remittance.</p> <p>A healthcare provider must proactively contact its financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Data Elements necessary for successful reassociation of the EFT payment with the ERA remittance advice.</p> <p>This rule does not prohibit a healthcare provider and its financial institution from mutually agreeing to exchange more Healthcare EFT Standards data in addition to the required minimum data.</p>	

## Electronic Remittance Advice (ERA) Enrollment Form

Please fill out the information below (if it is different from the information listed above). The Clearing House information and an authorized signature is required. All participating providers, associated with the TAX ID Number given, will be receiving the electronic 835 Payment Advice / Remit Transaction.

Apex Health Solutions provides dual delivery of the 835 and the Proprietary Paper Claim Remittances for at least 3 payment cycles according to section 4.3 of CAQH CORE Rule 350. At the conclusion of this time-period, delivery of the Proprietary Paper Claim Remittances will be discontinued.

Providers may elect **NOT** to receive the Proprietary Paper Claim Remittances by checking the 'Discontinue Paper Immediately' box located below.

Provider Contact Information				
Provider Name:	Provider Contact Name:	Provider TAX ID Number:		
Provider Address: <i>(physical address)</i>	Street:	City:	State:	ZIP Code:
Telephone Number:	Ext Number:	Email Address:		
Electronic Remittance Advice Clearinghouse Information				
Clearinghouse / Vendor Name:		ISA08 Interchange Receiver ID:		
Authorized Signature				
Electronic Signature of Person Submitting Enrollment:		Submission Date:		
<input type="checkbox"/> Discontinue Paper Immediately  <b>Submit this form or contact us for any EDI Transaction Issues:</b>  Secure EDI Support Email Address: <a href="#">Secure ERA &amp; EFT Submission</a> Secure Fax:(330) 996-8877				

## Frequently Asked Questions (FAQs)

### Q1: What is Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA)?

**A1:** An electronic funds transfer (EFT) is the electronic movement of money from one bank account to another, replacing paper checks. These transfers are faster, cheaper, and more convenient than traditional paper methods. Transfers will only occur from Apex Health Solutions to the Provider. Apex Health Solutions will **NOT** debit a Providers account.

An electronic remittance Advice (ERA) is an electronic explanation of payment from a health plan to a healthcare provider that details how a claim was paid. It's the digital equivalent of a paper explanation of benefits (EOB) and provides information like the amount billed, the amount paid, and reasons for any adjustments or denials. This electronic format allows for more efficient financial processing as it can be automatically loaded into an accounting system, improving workflow and reducing manual data entry.

### Q2: What are the Benefits of EFT?

**A2:** Electronic Funds Transfer (EFT) offers financial advantages like speed, efficiency, and reduced risk of lost payments. Payments are received faster because EFT transmits the money directly into your bank account.

### Q3: How can I reconcile my EFT payment with my ERA File?

**A3:** To reconcile an EFT payment with your ERA file, use the trace number, which is a unique identifier found in both the EFT addenda record and the ERA file.

- **In the EFT addenda:** The trace number is included in the Corporate Credit or Debit (CCD) addenda record that comes with your EFT payment. Your bank can confirm they send this information; ask them to ensure you receive ACH addenda reporting with your deposits.
- **In the ERA:** The ERA file (specifically the ASC X12 835 standard) also contains the same trace number in the TRN02 segment of the remittance advice.

### Q4: Are there any fees to sign up?

**A4:** There are no fees to sign up for EFT/ERA. We do encourage you to check with your bank to determine if they apply any fees to EFT.

### Q5 How will I know when my EFT application has been processed?

**A5:** You will receive an email at the email address provided in the EFT/ERA sections of this form.

**Q6: After I submit my application, how soon will I receive my first EFT payments?**

**A6:** Valid Electronic form submissions through our Plan Central portal will approximately take 1-2 business days from the day the information is entered. Plan Central: [Plan Central Provider Login](#)

Valid PDF form submissions received via mail or fax take approximately 3-5 business days from receipt to validation.

**Q7: What happens after I submit my EFT enrollment form?**

**A7:** The requirements for electronic submissions and PDF submissions differ, process is outlined below.

- **Electronic enrollment submissions** that are valid and complete will be reviewed and processed within approximately 1-2 business days. Notification will be sent to the email address provided in the EFT/ERA sections of this form. If there are any errors Apex Health Solutions will be notified by the bank and an email will be sent to the email address provided in the EFT/ERA sections of this form. Provider will be set back to paper checks until resolved.
- **PDF enrollment submissions** that are valid and complete will be reviewed within approximately 3-5 business days. Notification will be sent to the email address provided in the EFT/ERA sections of this form. If there are any errors, Apex Health Solutions will be notified by the bank and an email will be sent to the email address provided in the EFT/ERA sections of this form. In the interim, payments will continue via paper checks. If the error is with the form itself, then Apex Health Solutions will reach you at the same email address given.

**Q8: How do I update or cancel EFT/ERA?**

**A8: To Cancel:** Check the Cancel Request information in the Submission Type Information section and fill out the Provider Contact Information section and Authorized Signature (Authorized signature means the individual is permitted to terminate bank account information) and send it to Apex Health Solutions or login to your Plan Central account [Plan Central Provider Login](#) and click on the Deactivate ERA and Deactivate EFT boxes.

**To Update:** Check the Change/Update information in the Submission Type Information section. Update the information needed, fill out the Provider Contact Information section and Authorized Signature (Authorized Signature means the individual is permitted to update/terminate bank account information) and send it to Apex Health Solutions or login to your Plan Central account [Plan Central Provider Login](#) and update the information needed.

**Q9: I submit claims for multiple providers. Can multiple providers be included in EFT enrollment?**

**A9:** Yes. Apex Health Solutions processes EFT payments based on NPI. Payment for all locations under the registered NPI will be transmitted to the financial institution transit/routing and account number indicated on the EFT Authorization Agreement. If a specific location requires payment to a different bank account and it has a different NPI, you must submit a separate EFT Authorization Agreement form.