



# ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

A separate form must be completed for each TIN. (\*) indicates required fields within each section. Incomplete and/or illegible field and signatures will cause your enrollment to be delayed.

### Things to know before you begin:

- Allow fifteen (15) business days for your enrollment request to be processed.
- If after three (3) weeks you do not start receiving EFT payments, you may contact Delta Dental.
- For more information please see page 3, or online at [deltadentalins.com](http://deltadentalins.com).

### Information we need:

- Provider Information
- Financial Institution

Select the product type below that you would like to receive EFT for								
<input type="checkbox"/> PPO/Premier	<input type="checkbox"/> DeltaCare USA	Facility ID: _____						
Provider Information								
*Provider Name								
Last	First	Middle Initial						
Doing Business As (DBA)								
*Provider Address								
Street								
*City	*State/Province	*ZIP Code						
Provider Identifiers Information								
*Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)								
*National Provider Identifier (NPI)								
Provider Contact Information								
*Provider Contact Name	Title							
*Telephone Number								
*Email Address	Fax Number							
Financial Institution Information								
*Financial Institution Name								
*Financial institution routing number	Provider's account number with financial institution	<b>Example:</b> <table border="1"> <tr> <td>123456789</td> <td>1234567899</td> <td>0123</td> </tr> <tr> <td>Routing number</td> <td>Account number</td> <td></td> </tr> </table>	123456789	1234567899	0123	Routing number	Account number	
123456789	1234567899	0123						
Routing number	Account number							
Type of account at financial institution	<input type="checkbox"/> Checking <input type="checkbox"/> Savings							
Account Number Linkage to Provider Identifier	<input type="checkbox"/> Provider Tax Identification Number (TIN) <input type="checkbox"/> National Provider Identifier (NPI)							

Submission Information	
Reason for submission:	
<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Enrollment <input type="checkbox"/> Cancel Enrollment	
Authorized Signature	
Written Signature of Person Submitting Enrollment _____	
Printed Name/Title of Person Submitting Enrollment _____	
Submission Date	Requested EFT Start/Change Cancel Date
/ /	/ / / /

## Electronic Funds Transfer (EFT) Agreement and Electronic Claim Statement Access

You represent and warrant that you are authorized to enroll/update direct deposit information on behalf of respective principals or co-owners. By confirming your preference for EFT, you authorize Delta Dental and its affiliates to initiate credit entries to the institution and financial account specified. You acknowledge that EFTs may occur for payments issued by affiliates including but not limited to Delta Dental of California, Delta Dental Insurance Company, Delta Dental of Pennsylvania, Delta Dental of the District of Columbia, Delta Dental of Delaware, Inc., Delta Dental of West Virginia, Delta Dental of New York, Inc., and others under the same holding company.

When your office registers to participate in EFT, you will start receiving claim statements electronically. We will no longer mail paper copies of claim statements to the registered office's address. You will receive an alert at the email address on file and claim statements may be accessed through your Provider Tools account.

Please send a copy of a voided check or a letter from your bank with your paper enrollment form so that the enrollment process can begin upon receipt.

### Delta Dental Member Company Data Sharing Authorization

For New or Change Enrollments, you must check one of the below options with your submission

- EFT **Opt In** to National Sharing (enrollment will be applicable to all Delta Dental association plans)
- EFT **Opt Out** to National Sharing (enrollment will only be applicable to the local plans in this form)
- ERA **Opt In**
- ERA **Opt Out**

Please return this form to your local Delta Dental via email or mail:

#### Delta Dental of California

ATTN: Provider Data Management  
P.O. Box 997330  
Sacramento, CA 95899-7330  
**Email:** DDC\_eft@delta.org  
*CA, UT, NV and MT*

#### Delta Dental Insurance Company

ATTN: Provider Data Management  
P.O. Box 1826  
Alpharetta, GA 30023  
**Email:** DDIC\_eft@delta.org  
*AL, FL, GA, LA, MS, TX and  
U.S. Virgin Islands*

#### Delta Dental of Pennsylvania

ATTN: Provider Data Management  
P.O. Box 2106  
Mechanicsburg, PA 17055  
**Email:** DDP\_eft@delta.org  
*DE, DC, PA, WVA and NY*

#### DeltaCare USA

**ATTN: Provider Data Management**  
P.O. Box 1803  
Alpharetta, GA 30023  
**Email:** DCUSA\_EFT@delta.org

## Instructions for Completing the EFT Enrollment Form

Please complete all fields and allow for fifteen (15) business days for your enrollment request to be processed. If after three (3) weeks you do not start receiving EFT payments, you may contact Delta Dental.

Should you have questions regarding your EFT payments, please include the Trace Number and ACH Payment Related Information when contacting us. If this information is not available as part of your EFT or banking statements, please contact your bank/financial institution.

**Provider Name** — the complete legal name of the institution, corporate entity, practice or individual provider. This is the name under which the institution, corporate entity, practice or individual provider receives payment

- **Doing Business As Name (DBA):** include if there is a different legal name you use when doing business or the name as it appears on a 1099 form

**Provider Address** — list all of the following:

- **Street:** the # and the name of the street where you are doing business
- **City:** the name of the town/city where your business is located
- **State:** the name of the state where your business is located
- **ZIP Code/Postal Code:** the US ZIP or postal code assigned to the city/town where your business is located

**Provider Identifiers** — list all of the following:

- **Authorized Signature:** This signature must be that of the owner
- **Provider Federal Tax ID Number (TIN) or Employer ID Number (EIN):** Federal Tax Identification Number (TIN) used to identify your business, can also be referred to as Employer Identification Number (EIN)
- **National Provider Identifier (NPI Type 2 ONLY\*):** A unique 10-digit identification number for covered healthcare providers used for HIPAA standard transactions.  
\*Type 2 NPI is for group practices, incorporated dental practices or other business entities paid under their business or corporate name, or under their employer identification number (EIN). If there is more than one provider under the same billing TIN/EIN, you must provide us with a Type 2 NPI. EFT enrollment may be delayed until this information is received.

**Provider Contact Information** — list all of the following:

- **Provider Contact Name:** Name of a contact in your office who handles EFT issues
- **Telephone Number:** Contact number for that person
- **Telephone Number Extension:** Associated telephone number extension for contact person
- **Email Address:** An electronic mail address for your business, or where you can be contacted
- **Fax Number:** A number at which you can be sent facsimiles

**Financial Institution** — list all of the following:

- **Financial Institution Name:** Official name of your financial institution or bank
- **Routing Number:** The 9-digit identifier of the financial institution or bank where you maintain an account to which payments will be deposited
- **Type of Account:** The type you will use to receive EFT payments (e.g., checking, saving)
- **Account Number:** Your account number with the financial institution or bank to which payments will be deposited
- **Account Number Linkage to Provider Identifier:** Your preference for grouping claim payments in bulk

### We're here to help

Please call us if you have questions. You can reach us at 800-765-6003, Monday through Friday, 5 a.m. to 5 p.m. Pacific.