

Electronic Funds Transfer (EFT) Authorization Agreement


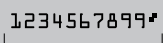

A separate form must be completed for each TIN. (*) indicates required fields within each section. Incomplete and/or illegible field and signatures will cause your enrollment to be delayed.

Things to know before you begin:

- Allow 3 weeks for your enrollment request to be processed.
- If after 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.

Information we need:

- Provider Information
- Financial Institution

Select the product type below that you would like to receive EFT for		
PPO/Premier	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	Example:   	
Provider's account number with financial institution	Routing Number Account Number Check 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)		
Delta Dental Member Company Data Sharing Authorization		
<i>For New or Change Enrollments, you must check <u>one</u> of the below options with your submission</i> <input type="checkbox"/> EFT Opt In to National Sharing (enrollment will be applicable to all Delta Dental association plans) <input type="checkbox"/> EFT Opt Out to National Sharing (enrollment will <u>only</u> be applicable to the local plans in this form)		
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 / /

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.

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, MD, NY, PA and WV

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 3 weeks for your enrollment request to be processed. If after 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. Complete legal name of institution, corporate entity, practice or individual provider

Doing Business As Name (DBA). A legal term used in the United States meaning that the trade name, or fictitious business name, under which the business or operation is conducted and presented to the world is not the legal name of the legal person (or persons) who actually own it

Provider Address:

- **Street.** The number and street name where a person or organization can be found
- **City.** City associated with provider address field
- **State.** 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:

- **Authorized Signature.** The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment
- **Provider Federal Tax ID Number (TIN) or Employer ID 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
- **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
- **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.** The type of account the provider will use to receive EFT payments e.g., Checking, Saving
- **Account Number.** 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

We’re here to help

Please call us if you have questions. You can reach us at **800-765-6003**, Monday through Friday, 5 am to 5 pm Pacific.