



Electronic Funds Transfer Authorization Form

PART I: TO BE COMPLETED BY PROVIDER

Request Type (circle one): Change Add Delete

Provider Name: _____

Address: _____
City State ZIP

Contact Name: _____

Contact Address: _____
City State ZIP

Contact Phone #: --

E-mail Address: _____

Bank Account Number: _____

Bank Name: _____

ABA Number (Routing Number): _____ (i.e. 123-456-789)

Checking:

Account Type:

Savings:

If you want electronic payments for ALL locations, please check here and complete only the Federal Tax ID & NPI boxes.
 If you want electronic payments for select locations, complete the Federal Tax ID and the appropriate NPI(s) in the boxes

below. Federal Tax ID: _____ NPI(s): _____

To turn off Paper Remits, check here:

To turn Paper Remits back on, check here:

In order to have electronic payments sent directly to your financial institution, the provider must have sole control of the account, and the financial institution is subject only to the provider's instructions regarding the account.

Provider Authorized Signature: _____
(must match authorized signature on bank signature card)

Printed Name: _____

Title: _____

Date: _____

PART II: TO BE COMPLETED BY FINANCIAL INSTITUTION (FI) **

Please verify the Routing and Account Information Above

Contact Name: _____

Contact Address: _____
City State ZIP

FI Authorized Signature **: _____

Printed Name: _____

Title: _____

Date: _____

** The FI signature represents its validation of all information related to this account provided above, including the authorized signature.

For office use only:		Date	Initials
Validation Completed:	Update Completed:		
Received:			



TERMS AND CONDITIONS FOR ELECTRONIC PAYMENT

Your company agrees to accept payment by BlueCross BlueShield of South Carolina/HMSA through electronic funds transfers (EFT) and that we can rely exclusively on the information you supplied on the Electronic Funds Transfer Authorization Form provided. This applies to and amends all existing agreements with BlueCross BlueShield of South Carolina/HMSA by incorporating the following terms and conditions for electronic payment.

BCBSSC/HMSA will initiate payment to you based on the following:

1. The electronic funds transfer will be made to the financial institution and account number on the Electronic Funds Transfer Authorization Form.
2. We will make payments in accordance with and be governed by the National Automated Clearinghouse Association's Corporation Trade Payment Rules. Our process is governed by and in accordance with the laws, other than choice of law provision of any particular contract, of South Carolina, including Article 4A of the Uniform Commercial Code as enacted by South Carolina and amended from time to time.
3. The information you provided on the form is very important. **You understand that any change in the information must be communicated to BCBSSC/HMSA. This communication must be in the form of a new Electronic Funds Transfer Authorization Form to the following:**

**HMSA Dental
 P.O. Box 1320
 Honolulu, Hawaii 96807-1320**

BCBSSC/HMSA will be considered harmless for any loss, which may arise solely by reason of error, mistake or fraud regarding this information.

4. Payment is initiated within the normal terms of our commercial agreement with you. Our EFT terms and conditions neither enlarge nor diminish the respective rights and obligations of us within any applicable commercial agreement. The payment due date is not affected. We will consider payment made when your financial institution has received or has control of the payment transaction. This will generally occur within three (3) calendar days following initiation by BCBSSC/HMSA.

If we initiate payment on a non-banking day at BCBSSC/HMSA originating bank, the funds transfer will occur the following banking day. In all cases, Banking Day is defined as the day on which both trading partners' banks are available to transmit and receive these funds transfers.

5. BCBSSC/HMSA has the right to adjust future payments if payments previously made are found to be duplicates, in excess of requirements, fraudulent or in error.
6. BCBSSC/HMSA are responsible for making all payments within this agreement. BCBSSC/HMSA are responsible up to the point where your financial institution receives or has control of the transaction. Any loss of data at that point will be borne by you unless the loss is due to sole negligence of BCBSSC/HMSA or its originating bank.

You should notify BCBSSC/HMSA immediately if payment is not received as described in item #4 (above). BCBSSC/HMSA shall have reasonable time (not to exceed [10] business days) to make said payment.

7. Either party may terminate Electronic Funds Transfers. The notification shall be in writing and both parties must agree on the termination date. Otherwise, we will continue to make electronic payments to you as specified.

Written notice to you will be sent to the address provided on the Electronic Funds Transfer Authorization Form.

Name: _____ Signature: _____
(PRINT)

Title: _____ Date: _____