

Electronic Funds Transfer & Electronic Remittance Advice (EFT/ERA) Authorization Form

Instructions

- 1. Please complete every section. Complete section 5 for multiple NPIs if applicable.
- 2. Include a voided check or bank letter that confirms the routing and account numbers.
- 3. Download form, save, sign and send to HPSM in one of two ways:
 - a. FAX completed authorization form and check/bank letter to: 650-616-8046, ATTN: Provider EFT/ERA
 - b. Scan and email completed authorization form and check/bank letter to: psinquiries@hpsm.org

PROVIDER INFORMAT	TION					
Provider Name	Doing Busines			Provider Tax Identification (TIN) National Provider Identifier (NPI)		
Contact Name	Phone Numbe					
Email Address	Fax Number	Fax Number		Use page 2 for multiple NPI's		
Provider's Address (Stre	et Address, City, State Zip)					
PETINANCIAL INSTITUTI	ON INFORMATION					
New EFT	Change of Account	Cancel EFT				
Financial Institution Name		Routing Number (9 d	Routing Number (9 digits)		Account Number	
Address of Financial Ins	titution (Street Address, City, Sta	te Zip)		Checking	Savings	
CLEARINGHOUSE INF	ORMATION Complete this sect	tion only If applicable.				
New Enrollment	Change Enrollment	Cancel Enrollment				
I authorize HPSM to wo	rk directly with the clearingho	ouse for retrieval of 835 fi	les:	Yes	No	
Clearinghouse Name		Name of Clearinghouse Contact				
Trading Partner*		Contact Phone Num	ber			

^{*} Trading Partner is also referred to as a submitter ID to exchange electronic information



EFT/ERA Authorization Form Continued

4 AUTHORIZED ACCOUNT REPRESENTATIVE AND SIGNATURE

Health Plan of San Mateo (HPSM) is committed to timely, accurate, and efficient payment to providers and has a policy to use EFT and ERA as the primary method of payment and remittance advice communication. This EFT/ERA Authorization Form is the consent of your organization to receive payments through EFT and access remittance advice information either through a secure HPSM portal or through a billing clearinghouse via 835 file transaction. This EFT/ERA Authorization Form will remain in effect unless changed or cancelled by your organization using this EFT/ERA Form. Name of Authorized Representative Submitting Form Title of Authorized Representative Submitting Form Signature (electronic signature permitted) **Date Signed 5 MULTIPLE NPI NUMBERS** Provider Group/Individual Name **Provider Group/Individual NPI** HPSM Use Only (System Verification)

See page 1 for instructions and requirements on submitting completed forms.