

## Electronic Funds Transfer (EFT) Authorization Agreement

Please fax only one TIN per form. A separate form for each TIN must be used.

Asterisk (\*) indicates required fields within each section. Incomplete and/or illegible fields and signatures will cause your enrollment to be delayed. Refer to the instructions before completing this form.

Provider Information			
*Provider Name _____			
*Street _____	*City _____	*State/Province _____	*ZIP Code/Postal 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 – refer to instructions if you are enrolling more than one bank account			
*Financial Institution Name _____			
*Street _____	*City _____	*State/Province _____	*ZIP Code/Postal Code _____
*Financial Institution Routing Number _____			
*Type of Account at Financial Institution: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
*Provider's Account Number with Financial Institution _____			
*Account Number Linkage to Provider Identifier (please see instructions):			
<input type="checkbox"/> Provider Tax Identification Number (TIN) _____			
<input type="checkbox"/> National Provider Identifier (NPI) _____			
Submission Information			
*Reason for Submission (select one): <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Enrollment <input type="checkbox"/> Cancel Enrollment			
*Include with Enrollment Submission: <input type="checkbox"/> Voided Check <input type="checkbox"/> Bank Letter			

## Remittance Advice Information

- Our clearinghouse will retrieve the 835 files on our behalf.
- Our clearinghouse is not currently set up to retrieve 835 files on our behalf from Security Health Plan.  
(Note: Your clearinghouse can complete the 837/835 Enrollment Request form on your behalf. The form is available online at [www.securityhealth.org](http://www.securityhealth.org) by clicking on *Providers*, then *EDI*.)
- We will access our provider statements through Security Health Online.

### Choose one of the options below:

- We currently have access to the Security Health Plan provider portal.
- We do not have access to the Security Health Plan provider portal and are requesting access. (Request access by completing the Security Health Plan Online Practice Access Request form available online at [www.securityhealth.org](http://www.securityhealth.org) by clicking on *Providers*, then *Security Health Online Home*.) Return form with this enrollment request.

## Authorization Agreement

I hereby authorize **Security Health Plan of Wisconsin, Inc.** to initiate **EFT payments or EFT recoupments** to the bank account at the financial institution named above. I understand that initiating EFT payments authorizes Security Health Plan to terminate printing and sending paper checks and statements, and that electronic statements will be available and retrievable on the Security Health Plan provider portal. EFT payments will be made according to the existing payment schedule. Further, I agree not to hold Security Health Plan responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This authorization is effective until Security Health Plan has received written authorization from me of any change or termination in such time and manner as to give Security Health Plan a reasonable opportunity to act on it.

### Authorized signature

By signing below, I hereby agree that I have read and agree to the terms and conditions stated above. Furthermore, the undersigned certifies that the information provided is true and accurate in all respects and that he/she has been duly authorized by all necessary and appropriate action.

\*Electronic Signature of Person Submitting Enrollment

\*Printed Name of Person Submitting Enrollment

\*Printed Title of Person Submitting Enrollment

Submission Date

**Please provide account documentation from bank or attach a voided check or deposit slip and return with the EFT Application to:**

Provider Relations and Contracting  
Security Health Plan  
1515 North Saint Joseph Avenue  
PO Box 8000  
Marshfield, WI 54449-8000

Fax: 715-221-9699  
Email: [shpprd@securityhealth.org](mailto:shpprd@securityhealth.org)

**If you have questions on how to complete this form or to check on the status of your enrollment, please contact Provider Relations and Contracting at 715-221-9640.**

## Electronic Funds Transfer (EFT) Reference Guide

Receiving payments electronically provides you with fast, confidential and secure claims payments. It also makes your practice more efficient by reducing paperwork and automating a manual process. Read below for information and helpful tips on EFT transactions, viewing provider statements and receiving Electronic Remittance Advice Files 835 (ERA).

### Tip: Use Security Health Online – it will make your job easier.

Reduce calls to Customer Service and wait time for answers by going online to receive important announcements, view statements and access more information on EFT transactions. (Note: Paper statements will stop with EFT, but will continue to be available through Security Health Online.)

### Sign me up. I want access to Security Health Online.

- My practice is already registered. I need to add users.
  - Contact your practice administrator to receive login information.
- My practice is not registered. I need to register.
  - Visit [www.securityhealth.org](http://www.securityhealth.org), click on Providers, then Security Health Online to find the *Practice Portal Access Request* registration form

### Starting the process

#### Step 1: Obtain an EFT enrollment form by one of the following methods:

- **Online:** Visit [www.securityhealth.org](http://www.securityhealth.org), click on "Providers," then click on "Document Library" and find the *EFT Enrollment form*.
- **Phone:** Contact Provider Relations and Contracting Department at 715-221-9640 or 1-800-548-1224, extension 1-9640 to request a form.

#### Step 2: Complete the form; mail, email or fax to:

Security Health Plan  
Attn: Provider Relations and Contracting  
1515 North Saint Joseph Avenue  
P.O. Box 8000  
Marshfield, WI 54449-8000  
Fax: 715-221-9699  
Email: [shpprd@securityhealthplan.org](mailto:shpprd@securityhealthplan.org)

### Electronic funds transfer tips

What to expect after you enroll:

- We will send confirmation of your enrollment to your practice's designated contact.
- Payments will begin the first of the month following enrollment confirmation.
- You will no longer receive paper checks or provider statements. Your statements will post to your portal account.
- Interest is reported and paid on a separate check and not included in the EFT payment.

### Necessary banking communication

- Contact your financial institution to arrange for the delivery of the CORE-required Minimum CCD+ data elements needed for reassociation of the payment.
  - At a minimum these three elements: effective entry date, amount and payment related information. (see definitions below)
- Work with your bank to reconcile EFTs to ensure the correct and necessary information posts.
- Complete and submit the EFT Enrollment form, and check the appropriate box. If change in EFT information, send form at least 10 days in advance of any **changes** to banking information.
- Make sure the ACH summary you receive from your bank includes addenda record information. You will need this to match your EFT and ERA.

### How to make changes/cancellations

Submit an EFT Enrollment Form with the necessary information. You may access the form by one of the following methods:

- **Online:** Visit [www.securityhealth.org](http://www.securityhealth.org), click on "Providers," then click on "Document Library" and find the *EFT Enrollment form*.
- **Phone:** Contact Provider Relations and Contracting Department at 715-221-9640 or 1-800-548-1224, extension 1-9640 to request a form.

### Important terminology and definitions

**Effective Entry Date** – The date the payer intends to provide good funds to the payee via EFT as specified in the ACH CCD+ Standard in Field #9 of the Company Batch Header Record 5.

**Amount** – A field in the CCD+ Addenda Record containing the provider payment amount.

**Payment related information** – A field in the CCD+ Addenda Record containing payment-related ASC X12 data segments.

**Trace number** – The trace number found in the EFT addenda record links the ERA and EFT together for ease in matching and posting your payments. It is located in the TRN02 segment in the ERA.

- Our trace number includes an eight-digit practice account number followed by the date (yyyymmdd).  
Ex: 0123456720110601

## Electronic Funds Transfer (EFT) Reference Guide (continued)

**EFT issue/payment date** – When you receive your payments via EFT, the payment date listed in your ERA will match the date listed on your EFT addenda and it will reflect the actual date the funds will be available in your bank account. *Note:* The date printed on the online provider statements will not match the ERA/EFT date. Paper statements are prepared prior to the actual EFT / ERA and therefore, may be dated 1 to 4 days prior to the EFT/ERA dates.

**EFT overpayment recovery** – Our overpayment recovery process does not change once you enroll in EFT. We will only reverse an EFT deposit from your account in the instance of a duplicate or erroneous EFT. We will work with you to secure a settlement through alternative measures if an electronic debit is unsuccessful or for deposit only accounts.

**Paper checks** – In certain circumstances, even though you're enrolled in EFT, you may receive paper statements and checks.

- EFT failure due to a change in bank account information not communicated in advance.
- If the initial EFT fails, payment will be made by a paper check.
- Some Security Administrative Services self-funded groups may continue to issue payment via a paper check.

## Electronic Remittance Advice file 835 quick facts

- We transmit files in the HI PAA-mandated ASC X12 835 format.
- Each ERA includes the check draft or EFT trace number for reconciliation.
- Due to HIPAA requirements, we issue separate ERAs and EFTs for each billing or pay-to NPI. (Providers billing with multiple NPIs need to complete page 3 of the EFT Enrollment Form.)
- Claim payments are grouped by account payee and sent weekly or semi-monthly, based on product.
- Reprocessed claims are reported on an ERA with a reversal of the incorrect claim adjudication, followed by the corrected adjudication of the claim.

## Where to go for assistance

Contact the Provider Relations and Contracting Department at 715-221-9640 or 1-800-548-1224, ext. 1-9640 with questions.

Your banking institution is a good resource if you have additional questions regarding payments made via EFT.

## Electronic Funds Transfer (EFT) Authorization Agreement

Use this form to enroll in EFT.

Use the following guide when completing your EFT enrollment form. **Fields with an asterisk are required; sections left blank or illegible will delay processing.**

- Send only one tax identification number (TIN) per fax or email. Enrollments for additional TINs must be faxed or emailed separately. If you would like us to deposit EFT payments into multiple bank accounts for the same TIN, complete a separate form for each account.
- Include your primary payee Tax ID number (TIN; the one receiving payment) on the enrollment form in the Provider Identifiers Information section. We will group your EFTs using the primary payee TIN. **(Note: Based on Security Health Plan's business processes, our remittance advices are generated by Tax Identification Number (TIN).)**
- Include a copy of a pre-printed, voided check with the account holder name imprinted on the check or bank letter. **We cannot accept deposit slips, starter checks, handwritten or altered checks and we cannot process your enrollment without this information.**

- For bank changes, please complete as noted above and indicate changes to enrollment on enrollment form. We cannot process EFT changes without this information.
- The enrollment form **must** be signed by authorized health care individuals. The signing authority must match the legal entity associated with the TIN. Examples of authorized health care individual include: Practitioner (MD, DO, DC, DDS, PhD, etc.) and/or Corporate Officer of Authorized Manager (CEO, CFO, Office Manager, etc.).

## Important

Processing times may vary depending on number of enrollments received, the accuracy of the information provided and whether the form is legible. We will send a letter confirming your enrollment and when EFT will start. You are responsible for notifying us of any changes to your banking information. You may receive a phone call from us to ensure the accuracy of the listed financial institution account information.

## Electronic Funds Transfer (EFT) Definitions

Provider information	
Provider name	Complete legal name of institution, corporate entity, practice or individual provider
Street	The number and street name where a person or organization can be found
City	City associated with provider address field
State/Province	ISO 3199-2 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 information	
Provider identifiers	Enter TIN and NPI information
Provider Federal Tax Identification Number (TIN) of Employer Identification 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 health care providers. Covered health care providers and all health plans and health care 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 health care 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 Electronic Remittance Advice (ERA) issues
Title	Title of contact
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
Street	Street address associated with receiving depository financial institution name field
City	City associated with receiving depository financial institution address field
State/province	ISO 3199-2 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
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 at financial institution	The type of account the provider will use to receive EFT payments, e.g., checking, saving
Provider' account number with financial institution	Provider's account number at the financial institution to which EFT payments are to be deposited
Account Number Linkage to Provider Identifier	The provider tax or provider identification number (TIN) or National Provider Identifier (NPI). Note: Based on Security Health Plan's business processes, our remittance advices are generated by Tax Identification Number (TIN).
Submission information	
Reason for submission	Select your reason for submission from the options available
Include with enrollment submission	Voided check: a voided check is attached to provider confirmation of identification/account numbers Bank letter: a letter on bank letterhead that formally certifies the account owners routing and account numbers
Authorized signature	The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment
Electronic signature of person submitting enrollment	
Printed name of person submitting enrollment	The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment
Remittance advice information	
Remittance advice information	Select how you will receive your statements. Identify if you currently have access to the Security Health Plan provider portal.