



ELECTRONIC PAYMENT ENROLLMENT FORM

*Required Fields

PAYEE INFORMATION (Supplier, Organization, Provider)

*Name: _____

*Street Address: _____

Apt, Unit, Suite: _____

*City: _____ State: _____ Zip Code: _____

Email address: _____

*Tax ID Number: _____

(must match W-9 information)

BANK INFORMATION

*Bank Name: _____

*ABA Number: _____

(Routing number or transit number)

*Account Number: _____

*Type of Account: Checking Savings

Street Address: _____

Apt, Unit, Suite: _____

City: _____ State: _____ Zip Code: _____

COMPLETED BY

*Name: _____

*Title or Position: _____

*Email address: _____

*Phone Number: _____

By signing below, I certify that:

- I am an authorized signer on the bank account listed above or officer of the named payee above
- the bank information provided above is associated with the named payee above
- I opt to retrieve ERAs (Electronic Remittance Advice) for our explanation of benefits (EOB)
- I will create or have created an account with Office Ally to retrieve the named payee's ERA (EOB)

Signature

Date

PLEASE SUBMIT COMPLETED FORM WITH VOIDED CHECK VIA:
 EMAIL: accountspayable@meritagemed.com
 ENCRYPTED EMAIL: enter in email subject ***secure*** Electronic Payment Enrollment
 FAX: **ATTENTION: ACCOUNTS PAYABLE 415-883-7127**

ACCOUNTING USE ONLY

Micro Entries completed by/date: _____ ERP Vendor Updated by/date: _____
 Claims Vendor Updated by/date: _____ ACH Third Party Created by/date: _____



Electronic Payment (EFT/ACH), ERAs - Explanation of Benefits (EOB)

Meritage Medical Network can process payments directly into your organization's bank account by:

1. completing and submitting an Electronic Payment Form (attached) **with a copy of a voided check**
 - a. EMAIL: accountspayable@meritagemed.com
 - b. ENCRYPTED EMAIL: enter in email subject ***secure* Electronic Payment Enrollment**
 - c. FAX: **415-883-7127**

2. signing up with our partner, Office Ally, to receive Electronic Remit Advice (ERA) as your Explanation of Benefits (EOB)
 - a. WEB
 - I. go to <https://cms.officeally.com/Pages/Products/Clearinghouse>
 - II. enter one or more of the following **Payer ID#s**:

Meritage Medical Network-All Plans:	IP097
MEDI-CAL Plans-Central Valley:	FC001
MEDICARE Plans-Central Valley:	FCMA1
Change Healthcare-All Plans:	FC002
 - b. EMAIL: support@officeally.com
 - c. PHONE
 - I. call **360-975-7000**
 - II. select **Option 1**

There is **NO FEE** to you for these services; we provide this service at no cost **FREE**.

You can expect electronic payments to be reflected in your bank account within two business days of processing payment. No more waiting for the mail to arrive in your office, depositing a check, misplacing EOBs or waiting for the check to clear the bank.