



ACH Electronic Funds Transfer Payment Options

Dear Meritage Medical Network Provider:

Meritage Medical Network is able to offer you the option of having your organization provider payment directly deposited into your organization's bank account. With this comes two options for receiving your EOBs (Explanation of Benefits): # 1 Continue to receive EOBs through the mail; or #2 Access ERA 835 files electronically through Office Ally.

1. If you wish to continue having EOBs mailed to you, simply fill out and return the ACH Electronic Funds Transfer form, along with a copy of your Voided Check and we will immediately set you up to receive payment electronically.
2. If you would like to access EOBs electronically through Office Ally*, fill out and return both the ACH Electronic Funds Transfer form and the ERA Enrollment Application, along with a copy of your Voided Check. We will immediately set you up to receive payment electronically and forward ERA Enrollment Application to Office Ally for processing so you can gain access to their site. Please allow two to three weeks processing time for this while we continue to send your EOB's through the mail.

**To learn more about Office Ally, contact Customer Service at 360-975-7000 Option 1 or email support@officeally.com. To review their PDF guide and/or video tutorial: PDF [Electronic Remittance Advice \(ERA\) Retrieval](#); Video [Electronic Remittance Advice \(ERA\) Retrieval](#)*

You can be assured that your confidential banking information will be securely stored. Please contact us directly by: telephone (415) 884-1247; fax (415) 883-7127; or email accounting@meritagemed.com to update your information at any time.

Sincerely,

Meritage Medical Network
4 Hamilton Landing, Suite 100, Novato, CA 94949
P: 415-884-1247 • F: 415-883-7127
accounting@meritagemed.com

Meritage Medical Network

4 Hamilton Landing, Suite 100
Novato, CA 94949

Finance Department

Please fax or email this form back using:
Secure fax # **415-883-7127**
Encrypted email (by typing: ***secure*** at
beginning or end of subject line):
accounting@meritagemed.com

ACH - Electronic Funds Transfer - Signup Form

Required Information

Please Print

Vendor/Payee Name: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Tax ID # _____ - _____

or

Social Security No. _____ - _____ - _____

Complete for ACH - Electronic Funds Transfer

A voided check must be provided with this request.

I would like my payments deposited into the following bank account:

Bank Name: _____

Deposit Into: (check one)

Checking

Savings

Account No: _____

Bank Routing No: _____

Signature _____

Date _____

Phone Number _____

Email Address _____

Return this form to the **Meritage Medical Network**



ERA Enrollment Form
Clearinghouse: Office Ally (Payer ID IP097)

PROVIDER INFORMATION

Provider Name:

Provider Address:

City:

State:

Zip:

PROVIDER IDENTIFIERS INFORMATION

Provider Federal Tax Identification Number

National Provider Identifier (NPI):

Employer Identification Number (EIN):

PROVIDER CONTACT INFORMATION

Contact Name:

Telephone Number/Extension:

Email Address:

Fax Number:

ELECTRONIC REMITTANCE ADVICE INFORMATION (CHECK ONLY ONE)

Preference for Aggregation of Remittance Data: (i.e. Account Number Linkage to Provider Identifier). Note: Provider Preference for grouping (bulking) claim payment advice. Must match preference for EFT payment (i.e. Billing Provider). Choose and fill in only **one**.

Provider Federal Tax Identification Number (TIN):

National Provider Identifier (NPI):

SUBMISSION INFORMATION

Reason for Submission:

New ERA Enrollment

Authorized Signature:

Note: Electronic Signature (Typed Name) of Person Submitting ERA Enrollment.

Fax the completed form to: (415) 883-7127