



ACH Electronic Funds Transfer Payment Options

2018

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. 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. You will continue to receive your EOB's through the mail along with a copy of the payment remit showing the amount deposited to your account.

We also offer a third party clearinghouse to access your EOBs electronically. If you would like to learn more about this option or sign up, please contact Office Ally whose contact information is below:

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**