



ACH/EFT - Electronic Funds Transfer Payment Options

2019

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. We will need to call you on a number we already have on file or one that is listed on your website or public listing for your location to independently verify the information came directly from you. Once verified, we will 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.

If you need to update your bank information, please contact us directly by: telephone (415) 884-1247; fax (415) 883-7127; or email accounting@meritagemed.com to request the Account Change Request* form. Banking updates will require you to provide your current bank information and must be independently verified by us using the same method used for enrollment above, before we will make any changes.

You can be assured that your confidential banking information will be securely stored.

*All forms are available on our website: meritagemed.com under Resources/Resources for Physicians.

ERA – Electronic Remit Advice

We offer a third-party clearinghouse to access your EOBs electronically, at no cost to you. If you would like to learn more about this option or sign up, please contact Office Ally whose contact information is listed below:

To review OfficeAlly's PDF guide and/or video tutorial: PDF Guide [Electronic Remittance Advice \(ERA\) Retrieval](#); Video Tutorial [Electronic Remittance Advice \(ERA\) Retrieval](#).

To learn even more or to sign up with Office Ally, contact Customer Service at 360-975-7000 Option 1 or email support@officeally.com, or visit their website Officeally.com and select Clearinghouse.

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 - Change in Bank Account Form

Required Information

Please Print

Vendor/Payee Name: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Current Bank Name: _____

Current Account No. _____

Current Routing No. _____

Tax ID # _____ - _____ or Social Security No. _____ - _____ - _____

Complete for ACH - Electronic Funds Transfer

A voided check must be provided with this request.

I would like to change my direct deposits from the account listed above to 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**

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/EFT- Electronic Funds Transfer Enrollment 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**