



## ELECTRONIC PAYMENT ENROLLMENT FORM

### PAYEE INFORMATION (Supplier, Organization, Provider)

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Apt, Unit, Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email address: \_\_\_\_\_  
(receives notification of electronic payment)  
Tax ID Number: \_\_\_\_\_  
(must match W-9 information)

### BANK INFORMATION

Bank Name: \_\_\_\_\_  
ABA Number: \_\_\_\_\_  
(routing number or transit number)  
Account Number: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
*If applicable,*  
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 authorized to complete this form on behalf of the named payee above
- the bank information provided above is associated with the named payee above
- I opt to receive electronic remittance advise (ERA) and electronic explanation of benefits (EOB)
- I will create or have created an account to retrieve the named payee's ERA and EOB

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE SUBMIT COMPLETED FORM VIA:**  
EMAIL: [accountspayable@meritagemed.com](mailto:accountspayable@meritagemed.com)  
ENCRYPTED EMAIL: enter in email subject **\*secure\*Electronic Payment Enrollment\*secure\***  
FAX: **ATTENTION: ACCOUNTS PAYABLE 415-883-7127**

#### ACCOUNTING USE ONLY

Approved by: \_\_\_\_\_  
Claims Updated by: \_\_\_\_\_

ERP Updated by: \_\_\_\_\_  
Bank Template Created by: \_\_\_\_\_



## Electronic Payment (ACH) , Remit Advise (ERA), Explanation of Benefits (EOB)

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

1. completing and submitting an Electronic Payment Form (attached) AND a copy of a voided check
  - a. EMAIL: [accountspayable@meritagemed.com](mailto:accountspayable@meritagemed.com)
  - b. ENCRYPTED EMAIL: enter in email subject **\*secure\*Electronic Payment Enrollment\*secure\***
  - c. FAX: **415-883-7127**
  
2. signing up with our partner, Office Ally, to receive Electronic Remit Advice (ERA) and an electronic Explanation of Benefits (EOB)
  - a. WEB
    - i. go to <https://cms.officeally.com/Pages/Products/Clearinghouse>
    - ii. enter **Payer ID# IP097**
  - b. EMAIL: [support@officeally.com](mailto:support@officeally.com)
  - c. PHONE
    - i. call **360-975-7000**
    - ii. select **Option 1**

There is **NO FEE** to you for these services; we are providing them to you for **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.