

Electronic Payments and Statements (EPS) Enrollment Form



UnitedHealthcare is improving service to you by replacing paper checks and explanation of benefits (EOBs) with Electronic Payments & Statements. Get a head start by enrolling today!

After you review and complete the enrollment form, please fax (preferred) or mail both pages of the form AND a copy of a voided check to the following: **Fax: (800) 765-6766**; Mailing Address: Attn: Processing Manager, Exante EPS, P.O. Box 169049, Duluth, MN 55816. **Enrollments are typically processed within 3-5 business days of receipt of your form. We will notify you of your EPS effective date using the email address provided in Section I.** If you have any questions, contact us at 1-866-UHC-FAST (842-3278), option 5.

Check one: New Enrollment Changes to Existing Enrollment

Section I

Please complete the following bank account information:

ORGANIZATION INFORMATION (required)

Organization Name: _____

Address: _____

Tax ID Number: _____

City: _____

State: _____

Zip Code: _____

PRIMARY CONTACT INFORMATION

Your Name: _____

Your Email Address: _____

Your Phone Number: () _____

SECONDARY CONTACT INFORMATION (optional)

Secondary Contact Name: _____

Secondary Contact Email Address: _____

Secondary Contact Phone Number: () _____

DESIGNATION OF DEPOSITORY (required)

Bank Name: _____

DDA Account Number: _____

Bank Address: _____

Routing Transit Number (RTN): _____

City: _____

State: _____

Zip Code: _____

IMPORTANT: Please attach voided check or bank letter on reverse side

Authorization

The undersigned authorizes UnitedHealthcare, through its affiliate Exante Bank, to make electronic payments and adjusting entries to the bank account at the depository financial institution (depository) named above for services performed under the network participation agreement between the organization identified above and UnitedHealthcare and its affiliates. Such payments and entries shall be made through the regional automated clearinghouse (ACH) associations, subject to the operating rules of the National Automated Clearinghouse Association. The undersigned agrees that remittance information will be accessed by the organization identified above as provided for in Section II of this enrollment form. This authorization is to remain in full force and effect until UnitedHealthcare has received written notice of its termination, allowing us reasonable opportunity to act on it, but in no event later than thirty (30) days advance notice. Revocation will not apply to transactions initiated before the effective date of such revocation. Although no fees are currently charged for this service, in the event UnitedHealthcare elects to impose fees, we will notify you in advance. If you do not terminate this authorization after such notice, you authorize UnitedHealthcare to deduct such fees from the transfers of funds owed to you under the network participation agreement to the depository specified above. UnitedHealthcare may cease providing any or all of the services upon notice to the Primary Contact named above. The undersigned certifies that the above information is true and accurate in all respects and that the undersigned has the authority to initiate the actions requested herein and will promptly notify UnitedHealthcare of any changes to the information on this form in writing.

Authorized Signature Required

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Section II.

Remittance Information

UnitedHealthcare is excited to offer you three solutions for receiving your Electronic Remittance Advice (ERA). Access your remits via one or all three solutions. Most practices elect to access remits via option 1.

1. Use your UnitedHealthcare Online ID and password to view, save, and/or print, your own remittance advice or explanation of benefits (EOBs).
2. Use your UnitedHealthcare Online ID and password to download a free consolidated HIPAA 835 that you can use to auto-post into your claims system.
If you need a ID and Password for UnitedHealthcare Online, please contact the help desk at 1-866-UHC-FAST (842-3278), Option 2. The Electronic Payments & Statements link used to access these two options will appear on your UnitedHealthcare Online home page when your enrollment is processed.
3. Obtain the consolidated HIPAA 835 from your clearinghouse or EDI vendor.
If you elect to receive the 835 file via your clearinghouse or EDI vendor, you will need to contact them and request receipt of this file. While you arrange to have this 835 delivered from your clearinghouse, you will be able to secure your remittances as noted in the first two solutions above.

Section III

Please complete the deposit notification information:

UnitedHealthcare's EPS Solution enables the individuals who process the posting of your payments or manage your banking relationships, an opportunity to receive a Deposit Notification via email at no cost to your organization. This notification is sent prior to the day that your electronic payment is deposited in your designated bank account.

An Excel spreadsheet providing additional key information that identifies the original Explanation of Benefits (EOB) and helps you reconcile the deposit to your ERA will accompany the email notification. You can also access the original EOB, in PDF format, through the UnitedHealthcare Online website.

Please identify the individuals and their corresponding email addresses from your organization, that you would like to receive this notification:

Name: _____ Email Address: _____
Name: _____ Email Address: _____
Name: _____ Email Address: _____

IMPORTANT: Please tape a voided check here or copy the voided check/bank letter and fax it along with the enrollment form.



Please note: in some instances the ACH routing number on your check differs from the ACH routing number identified by your bank in an official bank letter. In these cases, the ACH number identified in the bank letter is the number you should provide in section I.