

This application constitutes an agreement between Neighborhood Health Plan of Rhode Island (Neighborhood) and its affiliated professional or institutional provider, as identified below, to accept direct deposit of claim payment to provider's bank. Direct deposit will be made through Bank of America's Automated ClearingHouse into the account and bank routing address indicated below. Professional or institutional providers equipped to accept electronic remittance advices are requested to enter their document format preferences in the box provided below. Neighborhood supports remittances in two formats: (1) electronic transmission of standard-format remittance advice file (image of paper RA) via Neighborhood secure e-mail in PDF format OR (2) machine-readable ASCX12 835 (available for retrieval via ftp/sftp). If provider is applying for the standard-format PDF format via Neighborhood secure e-mail, provider warrants that access and retrieval of the .pdf RA using provider's e-mail address (included below) at their place of business will be in a HIPAA- compliant, secure manner with handling by authorized personnel only. Submission of this completed application to Neighborhood at 910 Douglas Pike, Smithfield, RI 02917 enables participation in Neighborhood's electronic claim payment and remittance advice transmission processes. Provider will be contacted prior to implementation date for transmission testing if necessary.

### APPLICATION REQUEST TYPE - Please allow thirty (30) to forty (40) business days for processing.

**NEW Application** - NEW application must be completed in full and signed.

**REVISED Application** - Please fill in applicable details including Business Name, NPI, and sign application.

Please use the space below to describe the revised application request, e.g., requesting 835 file receipt, change of bank information, etc.;

### IDENTIFICATION AND BANK ROUTING INFORMATION

Business Name			
Street Address			
City		State	Zip Code
NPI Number (10 digits) - If you have more than one NPI number, provide organizational (Type 2) NPI, otherwise individual NPI			
Tax Identification Number (9 digits)			
Name of Bank			
ACH Bank Routing Number [9 digits, please verify with bank] – <b>DO NOT USE routing number from check</b>			
Bank CHECKING Account Number			
<b>Email for Remittance Advice - REQUIRED</b> (only one) for .PDF RA			

### 835 REQUESTS – Complete the following section.

<b>Machine readable ASC X12 835 (via ftp) – used for system processing:</b>	<b>PROVIDER</b>	<b>BILLING COMPANY OR CLEARINGHOUSE</b>
Provider/Billing Company/Clearinghouse Name		
EDI 835 Business Contact Name		
Billing Company/Clearinghouse Contact Telephone		
Contact email address (primary business contact)		

### PROVIDER AUTHORIZATION

Authorized Banking Transaction Signatory (sign here)	Printed Name of Authorized Signature	Date

Return this completed form via fax to: (401) 709-7050