



Electronic Payment and Remittance Advice Application

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 Clearing House 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 (ERA-available via Neighborhood secure e-mail in PDF format) or (2) machine-readable

ASC X12 835 (available for retrieval via ftp/sftp). If provider is applying for the standard-format ERA (in PDF format via Neighborhood secure e-mail), provider warrants that access and retrieval of the ERA 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 299 Promenade Street, Providence, RI 02908 enables participation in Neighborhood's electronic claim payment and remittance advice transmission processes. Providers will be contacted prior to implementation date for transmission testing if necessary.

APPLICATION

☐ **New Application**

☐ **Revised Application**

Please allow two to three weeks for processing.

Complete and sign entire application. If this is a revision, briefly indicate what information you are revising in the line below:

IDENTIFICATION AND BANK ROUTING INFORMATION - Attach a copy of a voided check or bank letter for bank changes.

Business Name	Addr			
Street Address				
City, State, Zip Code		City	State	ZipCode
NHPRI Supplier ID # - If not known, this will be supplied at Neighborhood	ID #			
NPI Number - If you have more than one NPI number, provide Organizational (Type 2) NPI, otherwise Practitioner individual NPI	NPI #			
Tax Identification Number	TIN #			
Name of Bank	Name			
ACH Bank Routing Number [please verify w/bank - please do not use routing number from check]	ACH #			
Bank CHECKING Account Number [no dashes]	Acct #			
Authorized Banking Transaction Signatory (sign here)	Sign	Date:		

INDICATE WHO WILL RECEIVE THE 835 and/or ERA FILE - If remittances are needed at both destinations, fill in both boxes; however there must be different media types in each. If desired, both boxes for media type may be checked at one destination (both ERA and 835).

☐ **PROVIDER**

If Provider is checked, indicate one or both of the remittance transmission types shown to the right	<input type="checkbox"/> Electronic - standard remittance format (ERA via secure e-mail)
	<input type="checkbox"/> Machine-readable ASC X12 835 (via ftp)
Contact Name:	
Contact Telephone:	Fax Number:
Contact e-mail address:	
If ERA selected, enter e-mail address for remittance delivery	

☐ **BILLING COMPANY or CLEARINGHOUSE**

If Billing Company or Clearinghouse checked, indicate one or both of the remittance transmission types shown to the right	<input type="checkbox"/> Electronic - standard remittance format (ERA via secure e-mail)
	<input type="checkbox"/> Machine-readable ASC X12 835 (via ftp)
Billing Company or Clearinghouse Name:	
Billing Co/Clearinghouse Contact Name:	
Billing Co/Clearinghouse Contact Telephone:	Fax Number:
Billing Co/Clearinghouse Contact e-mail address:	
If ERA selected, enter e-mail address for remittance delivery	

SUPPLIER AUTHORIZATION

Provider Authorized Signature (Signature Required Below)	Print Name (Authorized Signatory)	Date:

Please email Completed Forms to Neighborhood at EFTproviders@nhpri.org

Version: IS-MH, FO-MJD 5-3-12