

**Office of Management and Enterprise Services
Employees Group Insurance Department
(HealthChoice, Department of Rehabilitation Services, and Department of Corrections)
Non-Network Provider Electronic Funds Transfer (EFT) Enrollment Form**

PROVIDER INFORMATION

Provider Name	
Provider Address:	
Street	
City	
State/Province	
ZIP Code/Postal Code	

PROVIDER IDENTIFIERS INFORMATION

Provider Identifiers:	
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) National Provider Identifier (NPI)	

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name	
Financial Institution Routing Number	
Type of Account at Financial Institution	CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/>
Provider's Account Number with Financial Institution	
Account Number Linkage to Provider Identifier: Provider Tax Identification Number (TIN)	

SUBMISSION INFORMATION

Reason for Submission:	<i>(select one)</i>
New Enrollment	<input type="checkbox"/>
Change Enrollment	<input type="checkbox"/>
Include with Enrollment Submission:	<i>(select one and attach to form)</i>
Voided Check	<input type="checkbox"/>
Bank Letter	<input type="checkbox"/>

AUTHORIZED SIGNATURE

By signing below you acknowledge you are the provider or an authorized representative for the provider named on this form. You further acknowledge the information above is correct and you are authorizing EFT payments to be made to your financial institution.

Written Signature of Person Submitting Enrollment

Printed Name of Person Submitting Enrollment

 / / (CCYY / MM / DD)

Submission Date

Instructions for Completing the Non-Network EFT Enrollment Form

State of Oklahoma House Bill 1086 mandates all payments from the Oklahoma State Treasury be performed electronically beginning July 1, 2012. As a result, claim payments will be delayed when claims are submitted by a provider who does not have EFT information on file. This form is for EFT enrollment and for changes to your EFT enrollment. The State Treasury will reject your EFT if the financial institution information is not accurate, so please remember to communicate any changes to your financial institution information.

Return the completed form to:

Hewlett Packard Administrative Services, LLC
 P.O. Box 24110
 Oklahoma City, OK 73124
 Or email to: hpeft.mailbox@hpe.com

To ensure the security of your information when submitting this form via email, please submit your form and any attachments in an encrypted WinZip file, then submit the password for the WinZip file in a separate email.

No faxes or declarations of the financial institution information over the telephone will be accepted.

This form must be accompanied by a voided check or bank letter that formally certifies the account owners routing and account numbers.

If you have any questions, please contact Hewlett Packard Administrative Services, LLC at 1-405-416-1800 or toll free 1-800-782-5218. TDD users call 1-405-416-1525 or toll free 1-800-941-2160.

Information for how to obtain the status of your EFT enrollment can be found at:

<https://www.okhpcp-eds.com/HCP/Default.aspx?alias=www.okhpcp-eds.com/hcp/provider>

If enrolled in EFT and Electronic Remittance Advice (ERA), you must contact your financial institution to arrange for the delivery of the CORE-required minimum CCD+ data elements needed for reassociation of the payment and the ERA.

Form Field	Form Field Description	Additional Information/Instructions
Provider Name	Complete legal name of institution, corporate entity, practice or individual provider.	Required
Provider Address: Street	The number and street name where a person or organization can be found.	Required
Provider Address: City	City associated with the provider address field.	Required
Provider Address: State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.	Required
Provider Address: ZIP Code/Postal Code	System of postal-zone code (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities.	Required
Provider Identifiers: Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.	Required; Numeric; 9-digits
Provider Identifiers: National Provider	A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard.	Required when the provider has been enumerated with an NPI

Identifier (NPI)	The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.	Numeric; 10-digits
Financial Institution Name	Official name of the provider's financial institution.	Required
Financial Institution Routing Number	A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited.	Required; Numeric; 9-digits
Type of Account at Financial Institution	The type of account the provider will use to receive EFT payments, e.g., Checking, Saving	Required; Check either checking or savings to indicate the type of account
Provider's Account Number with Financial Institution	Provider's account number at the financial institution to which EFT payments are to be deposited.	Required
Account Number Linkage to Provider Identifier: Provider Tax Identification Number (TIN)	Provider preference for grouping (bulking) claim payments – must match preference for v5010 X12 835 remittance advice.	Required; Numeric; 9-digits
Reason for Submission		Required; Select either New Enrollment or Change Enrollment
New Enrollment		Check here if this is a new enrollment
Change Enrollment		Check here if this is a change to enrollment information
Include with Enrollment Submission		Required; Select either voided check or bank letter below
Voided Check	A voided check is attached to provide confirmation of Identification/Account Numbers	Check here if a voided check is attached
Bank Letter	A letter on bank letterhead that formally certifies the account owners routing and account numbers	Check here if a bank letter is attached
Authorized Signature	The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment.	
Written Signature of Person Submitting Enrollment	A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity.	Required; Sign name here
Printed Name of Person Submitting Enrollment	The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment.	Required; Print name here
Submission Date	The date on which the enrollment is submitted.	Required; Enter date