



## **BEHAVIORAL HEALTH SYSTEMS**

Behavioral Healthcare Programs for Business & Industry Since 1989

### **ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT**

(See Directions beginning on page 3 for additional information.)

I hereby authorize Behavioral Health Systems, Inc. (BHS) to remit claims payments via electronic funds transfer (EFT) as outlined below. I understand that I am responsible to notify BHS within 5 business days of any changes to the following information, and that BHS will not be responsible for any EFT errors resulting from my failure to do so.

#### **Provider Information**

Provider Name / Practice 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): \_\_\_\_\_

#### **Provider Contact Information**

Provider Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address for Remittance / EOB: \_\_\_\_\_

**Financial Institution Information**

Financial Institution Name: \_\_\_\_\_

Financial Institution Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ ZIP Code/Postal Code: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

Type of Account at Financial Institution: \_\_\_\_\_

Provider's Account Number with Financial Institution: \_\_\_\_\_

Account Number Linkage to Provider Identifier (select from one of the two below):

\_\_\_\_\_ Provider Tax Identification Number (TIN): \_\_\_\_\_

\_\_\_\_\_ National Provider Identifier (NPI): \_\_\_\_\_

**Submission Information**

Reason for Submission (select from below):

\_\_\_\_\_ New Enrollment      \_\_\_\_\_ Change Enrollment      \_\_\_\_\_ Cancel Enrollment

Authorized Signature:

Written Signature of Person Submitting Enrollment: \_\_\_\_\_

Printed Name of Person Submitting Enrollment: \_\_\_\_\_

Submission Date (CCYYMMDD): \_\_\_\_\_

Requested EFT Start/Change/Cancel Date (CCYYMMDD): \_\_\_\_\_

Please return completed form to [accounting@behavioralhealthsystems.com](mailto:accounting@behavioralhealthsystems.com).

**DIRECTIONS FOR COMPLETING  
the  
BEHAVIORAL HEALTH SYSTEMS  
ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT**

Please answer all questions on the Authorization Agreement. The completed Agreement may be emailed or faxed to BHS at:

Behavioral Health Systems, Inc.  
Attn: Accounting Coordinator  
P.O. Box 830724  
Birmingham, AL 35283-0724

Email: [accounting@behavioralhealthsystems.com](mailto:accounting@behavioralhealthsystems.com)  
Fax: 205-879-1178

Please direct any questions regarding the Authorization Agreement or the EFT process to Accounting Coordinator at 800-245-1150.

Please submit a new Authorization Agreement to change enrollment information. To cancel your enrollment, please complete only the Provider Information and Submission Information sections, and submit to BHS.

You must contact your financial institution to arrange for the delivery of the required CCD+ data elements need to reassociate the payment and the Electronic Remittance Advice (ERA).

**Definitions**

Terms used in the Agreement are defined below (in the order they appear on the Agreement):

- **Provider Name**: Complete legal name of institution, corporate entity, practice or individual provider.
- **Street**: The number and street name where a person or organization can be found.
- **City**: City associated with provider address field.
- **State/Province**: ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.
- **ZIP Code/Postal Code**: System of postal-zone codes (zip stands for “zone improvement plan”) introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities.
- **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.
- **National Provider Identifier**: A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. 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.

- Provider Contact Name: Name of a contact in provider office for handling EFT issues.
- Telephone Number: Associated with contact person.
- Email Address: An electronic mail address at which the health plan might contact the provider.
- Financial Institution Name: Official name of the provider's financial institution.
- Street: Street address associated with receiving depository financial institution name field.
- City: City associated with receiving depository financial institution address field.
- State/Province: ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.
- ZIP Code/Postal Code: System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities.
- 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.
- Type of Account at Financial Institution: The type of account the provider will use to receive EFT payments, e.g., Checking, Saving
- Provider's Account Number with Financial Institution: Provider's account number at the financial institution to which EFT payments are to be deposited.
- Account Number Linkage to Provider Identifier: Provider preference for grouping (bulking) claim payments – must match preference for v5010 X12 835 remittance advice.
- Authorized Signature: The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an 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.
- Printed Name of Person Submitting Enrollment: The printed name of the person signing the form.
- Submission Date: The date on which the enrollment is submitted.
- Requested EFT Start/Change/Cancel Date: The date on which the requested action is to begin.