



Electronic Funds Transfer (EFT) Instructions

PHCN's preferred payment method is electronic transfer of funds (EFT) for claim payments to a contracted Home Health Agency or other provider's bank account. Generally, a Provider can access EFT funds sooner than a Provider deposited remittance received through traditional paper checks.

The following outlines the process for setup of an EFT payment to a Provider's bank account.

To register for EFT payments, Provider must submit all the following documents:

- Requirement 1: Copy of a voided check (An account verification letter from your bank is also acceptable)
- Requirement 2: Completed Electronic Funds Transfer Authorization form (Form located on following page)
- Requirement 3: Copy of Provider W9

Complete the EFT form found on the following page and submit along with the required documentation via fax, email, or mail to the information listed below:

Fax: 480-359-3834
Email: eft@prohcn.com
Mail: PHCN
Attn: Electronic Funds Transfer
7600 6th Street, #140
Phoenix, AZ 85020

Please Note:

- A separate Electronic Funds Transfer Authorization and W9 is required for each Provider Tax ID number to be set up for EFT.
- A Provider Tax ID number may be associated to only one bank account number.
- PHCN verifies the bank name and the bank transit or routing number.
- All EFT payments are made at the Provider Tax ID number level.



PLEASE RETURN FORM:
 BY FAX: (602) 995-3030
 BY SECURE ENCRYPTED EMAIL: eft@prohcn.com
 BY ADDRESS: PHCN, Attn: Electronic Funds Transfer, 7600 16th St, #140,
 Phoenix, AZ 85020

PHCN Electronic Funds Transfer (EFT) Authorization

By completing this Electronic Funds Transfer Authorization (Authorization), Provider agrees to the following:

This Authorization is between the Provider listed below (Provider) and PHCN, which governs Provider's enrollment and use of the Electronic Funds Transfer ("EFT") service. The contact person identified on the Authorization warrants and represents that he/she is authorized to act on behalf of the Provider and that his/her acceptance of the terms of this Authorization creates a legally enforceable obligation of the Provider. Provider authorizes PHCN to electronically transfer funds for all eligible and authorized claim payments to the bank account listed below and understands that upon activation of the EFT service, Provider will no longer receive paper checks for claims payments. Provider warrants and represents that all information listed on this Authorization is accurate and agrees to immediately notify PHCN of any changes to the information. PHCN may revoke this Authorization at any time and for any reason. PHCN is not liable for any loss that Provider may incur as a result of the EFT service. Provider agrees to indemnify PHCN from and against all suits, claims, or losses arising from or alleged to arise from the Provider's use of the EFT service. This Authorization constitutes the entire agreement between PHCN and Provider for the EFT service; any prior agreements or promises relating to the EFT service are of no force and effect.

This Authorization does not modify the terms or conditions in Provider's Network Participation Agreement, including the payment terms.

AGENCY INFORMATION	
Provider Full Legal Agency Name:	
Doing Business As (DBA) Name:	
Primary Contact Name and Title:	
Email Address:	Phone Number:
Provider Address:	
City:	State: Zip Code:
Federal Tax Identification Number (TIN):	National Provider Identifier Number (NPI):
Financial Institution Name:	
Financial Institution Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Financial Institution Routing Number:	
Financial Institution Account Number:	
Reason for Submission:	
NOTE: Each provider tax ID number requires a separate EFT Authorization form. A provider tax ID number may be associated to only one bank account number.	

Provider Signature:	Date:
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(For Internal Use Only) Authorized By:
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