

# **INSTAMED ORDER FORM - PAYER PAYMENTS**

# Get paid faster and easier with ERA/EFT.

## Instructions



Review and complete entire form



Sign signature field(s)



Send through secure fax:

register.instamed.com/eraeft

**Complete Online** 

(877) 755-3392 or mail: PO Box 58790 Philadelphia, PA 19102

## Incomplete forms will not be accepted

# DESCRIPTION

# **SOLUTION DESCRIPTION**

By registering for Payer Payments, you will receive payments from the payers listed at the following URL (http://info.instamed.com/payer-payments-payer-list) by electronic funds transfer (EFT) and claims information by electronic remittance advice (ERA) After you register for Payer Payments, you will no longer receive a paper check or paper explanation of payment (EOP) from the payers listed at the URL set forth in the prior sentence, which URL InstaMed may update from time to time to add or remove payers. To opt out of Payer Payments from one or more of the available payers, please contact InstaMed at (866) 945-7990 or connect@instamed.com.

# **CUSTOMER INFORMATION**

Primary Contact		Billing Address			
Name (First/Last)		Customer Legal Nat	Customer Legal Name		
Title		Customer DBA Nam	Customer DBA Name (If different)		
Phone		Street Line 1			
Email		Street Line 2			
		City	State	Zip	
Number of Providers	Tax ID	Patient Accounting	System	Version	
Remittance Delivery					
-	0	/led secure Provider Portal. To rece inghouses for ERA, visit: www.insta		0	
Clearinghouse:		□ Check this box to receive ERAs via SFTP (Secure File Transfer Protocol)			
NPIs					
use Service Provider NPI(s) for	claims billing, you do not i	rvice Provider NPI(s) for claims billin need to list them. In order to avoid n ou. Do not include NPI(s) that also do	nisdirected payments, or	ly list NPI(s) that should	
Billing Provider NPI:		Billing Provider NPI:			
Billing Provider NPI:		Billing Provider NPI:			

Billing Provider NPI:

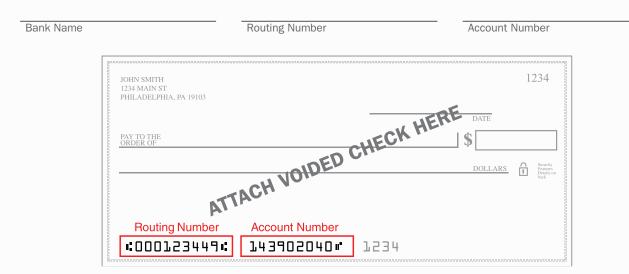
Internal Initials:

**CUSTOMER INFORMATION** 



## **BANK ACCOUNT INFORMATION**

Bank account information is required for payer payment deposits. A voided check or bank letter is required.



## AGREED AND ACCEPTED

By signing below, you agree to the terms of this Order Form and you confirm that the other information that you have provided in the Order Form is true and correct. You also agree to the Terms and Conditions set forth at www.instamed.com/im-online/terms\_and\_conditions.html or separately agreed to in writing by you and InstaMed, which are integral to, and form a part of, this Order Form. The parties consent and agree that this Order Form may be electronically signed. The parties agree the electronic signatures appearing on this Order Form are the same as hand-written signatures for purposes of validity, enforceability and admissibility.

Customer Legal Name		
Tax ID (same as page 1)		
Signature	Date	
Print Name		
Title		

Internal Initials:

InstaMed

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