



Provider Payment Election Form Instructions

To establish how your organization will receive payments and remittance advices from UCare, please carefully follow these steps to complete the **Provider Payment Election Form**:

Step 1:

All forms submitted must contain original signatures and must be signed in ink by a signer on the account into which UCare will be depositing funds.

Complete all of the sections on the **Provider Payment Election Form** by using these guidelines:

- A. Business Mailing Address (General)** – Check all of the appropriate box(es) at the top and fill-in your business name and address to be used for administrative purposes.
- **New Applicant:** Check this box if this is your initial setup request.
 - **Change of Bank Information/Payment Method:** Check this box if you are changing banks and/or if you would like to change the way how you receive your payments.
 - **Change of Clearinghouse:** Check this box if you are changing the clearinghouse that you currently use to a different one.
 - **Other Changes/Updates:** Check this box if you have other administrative changes/updates that you'd like to inform us of.
- B. Business Contact Information** – Identify who we should contact with questions related to the form. Please be sure to include an e-mail address.
- C. Tax Identification Number – Required (do not leave blank).** Make sure to enter the Federal ID Name **exactly** as it appears on your SS-4 (corporate) or Social Security Card (individual).
- D. Facility's Legacy or NPI Number(s)** – Include all of the facility number(s) with the same TIN as it appears in box "C" that will also be using the bank account/payment method indicated in box "E". **If there are different TINs and/or bank accounts, a separate form must be completed.**
- E. Payment Method** – Choose paper check or EFT. If electing EFT, complete the financial institution and account information and attach a voided check from the bank account that you will be using. (Write "VOID" over a blank check.) **Note:** *Effective 12/28/09, a voided check will be required to be attached to the Provider Payment Election Form if you are electing EFT payment. Without a voided check, this may delay the EFT and/or 835 set up.*
- F. Remittance Advice (RA)** – Choose one of the three methods listed for receiving your remittance advice. **Note:** *If choosing a clearing house, you must be contracted with the clearing house to receive the 835 transaction **prior** to submitting this form to UCare. Also, the paper remittance option is not available to Minnesota providers (MN Statute 62J.536).*

Step 2:

Please return the original Provider Payment Election Form and the voided check (if applicable) to:

UCare
Attn: Accounting/PPE
P.O. Box 52
Minneapolis, MN 55440-0052

Please allow a **minimum of 30 days** for processing. You will be notified in advance of the date when the electronic remits and payment process will begin.

Questions about the completion of this form can be directed to UCare via e-mail at: EFT835@ucare.org.