



Provider Payment Election Form

A. BUSINESS MAILING ADDRESS (GENERAL) (Name must match Tax ID Number [TIN] records – only one TIN per form)

Please check all the boxes that applies for changes/updates or check the "New Applicant" box if this is your first time submitting the form to UCare. Then complete all of the necessary fields.

- New Applicant
 Change of Bank Information/Payment Method
 Change of Clearinghouse
 Other Changes/Updates

Name _____

Address _____

City _____ State _____ Zip Code _____

B. BUSINESS CONTACT INFORMATION

Contact Name _____

E-mail Address _____

Phone _____ Fax _____

C. TAX IDENTIFICATION NUMBER Note: Enter Federal ID name exactly as shown on your SS-4 (Corporate) or Social Security Card (Individual).

Federal ID Name _____

Federal Tax ID # _____

D. FACILITY'S LEGACY OR NPI NUMBER(S) Note: Include all of the facility number(s) that will be included in this election.

E. PAYMENT METHOD

- Paper Check
 Electronic Funds Transfer (EFT)

Note: If electing EFT, complete the banking information below and attach a voided check. Attaching a voided check to this form is a requirement for EFT.

Financial Institution Information NOTE: Do not use ', ' \, ' *,' or '~' in any fields in this section.

ABA Routing # _____

Circle Type of Account:

Customer's Acct. # _____

Checking Savings

Financial Institution Name _____

F. REMITTANCE ADVICE (RA) - You must choose one of the following methods to receive your RA:

- Clearing House** - You must register with a clearing house to receive the 835s. The following clearing houses currently have an 835 connection with UCare, and the contact information for each clearing house can be found in our web site at: [www.ucare.org/providers/pages/electronicfundtransfer\(EFT\).aspx](http://www.ucare.org/providers/pages/electronicfundtransfer(EFT).aspx).

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|-------------------------------------|---|---|
| <input type="checkbox"/> Availity | <input type="checkbox"/> eProvider Solutions | <input type="checkbox"/> RelayHealth |
| <input type="checkbox"/> ClaimLynx | <input type="checkbox"/> GE Healthcare | <input type="checkbox"/> Rycan Technologies |
| <input type="checkbox"/> Cortex EDI | <input type="checkbox"/> Infotech Global Inc., aka MN e-Connect | <input type="checkbox"/> SSI Group |
| <input type="checkbox"/> Emdeon | <input type="checkbox"/> PNC Bank | <input type="checkbox"/> ZirMed |

- Secure Web Portal** - To register for Access UCare, log on to www.ucare.org/providers/pages/accessucare.aspx.
 Access UCare **NOTE: You will not receive an 835 or paper RA if you choose Access UCare. RAs will be available online for retrieval only.**

- Paper Remittance Advice**
 Paper Remittance **NOTE: Not available for MINNESOTA providers.**

Authorized Signature (MUST be signer on applicable bank account)	Title
Print Name	Date