



# Provider Payment/Remittance Advice Election Form Instructions

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

## Step 1:

Complete all of the sections on the form by using these guidelines:

- A. Business Mailing Address (General)** – Check all of the appropriate boxes at the top of the form, and fill in your business name and address to be used for administrative purposes. The check-off boxes are listed as follows:
- **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, including the UCare Provider Portal.
  - **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 Tax ID Number (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 electronic fund transfer (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 is required to be attached to form if you are electing EFT payment. Without a voided check, this may delay the EFT and/or RA set up.\*\***
- F. RA Method** – Choose one of the three methods listed for receiving your RAs: a clearinghouse, UCare Provider Portal, or paper RA (available to non-Minnesota providers only). **\*\*Note: If you are choosing a clearinghouse, you must be contracted with the clearinghouse to receive the 835 transaction prior to submitting this form to UCare. Also, the paper RA option is not available to Minnesota providers (according to MN Statute 62J.536).\*\***

## Step 2:

- If your RA selection is with the EFT option, please mail in the original (completed) form and voided check to:  
UCare  
Attn: Accounting/PPE Dept.  
P.O. Box 52  
Minneapolis, MN 55440-0052
- If your RA selection is with the paper check option, please fax the completed form to our Accounting Dept. at: **612-884-2030**.

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

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



# Provider Payment/Remittance Advice 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 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 # \_\_\_\_\_

Type of Account:

Customer's Acct. # \_\_\_\_\_

Checking    Savings

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

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

**1. Clearinghouse** - Please indicate the name of the clearinghouse that you are registered with for receiving 835s by checking off one of the boxes below. **NOTE: You must register with a clearinghouse to receive 835s before UCare can send 835s to your clearinghouse and before you complete and submit this form.**

- |                                     |   |   |
|-------------------------------------|---|---|
| <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             |

### 2. UCare Provider Portal

- Provider Portal    
**NOTE: You will not receive an 835 or paper RA if you choose the UCare Provider Portal. RAs will be available online for retrieval only at [www.ucare.org/providers/pages/providerportal.aspx](http://www.ucare.org/providers/pages/providerportal.aspx).**

### 3. Paper RA

- Paper RA    
**NOTE: Not available for MINNESOTA providers.**

Authorized Signature <b>(MUST be signer on applicable bank account.)</b>	Title
Print Name	Date