



# EFT Attestation and Registration Guide

February 2022

## EFT Attestation and Registration Guide

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## EFT registration instructions

Participating and non-participating providers can register for electronic funds transfer (EFT) with AmeriHealth HMO, Inc. and AmeriHealth Insurance Company of New Jersey (collectively, AmeriHealth) and perform ongoing maintenance or cancellation using the designated form:

- Participating providers: [Electronic Funds Transfer Enrollment Form – For participating providers.](#)
- Non-participating providers: [Electronic Funds Transfer Enrollment Form – For non-participating providers.](#)

### **Completing the EFT Enrollment Form**

In order to complete the EFT Enrollment Form, you must:

- enter all fields on the form;
- make sure to enter the contact information so that AmeriHealth can contact that person with any questions on the form;
- complete a separate EFT Enrollment Form for each bank account.

### **Make a copy of a voided check**

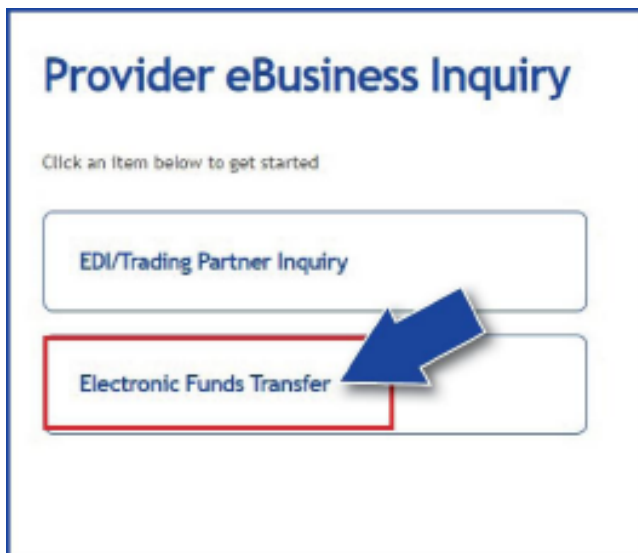
After you complete the necessary fields on the EFT Enrollment Form, you will need to make a copy of a voided check. Bank account verification letter on bank letterhead is also acceptable.

AmeriHealth needs this information to verify the bank name, routing and account number.

### **Upload completed EFT Enrollment form and copy of voided check**

Please use our online Provider eBusiness Inquiry form for [AmeriHealth New Jersey](#) and [AmeriHealth Pennsylvania](#). to upload the completed EFT Enrollment Form and bank account verification, see instruction below:

1. Select *Electronic Funds Transfer*.



2. Fill out all required information on the form marked with a red asterisk (\*).

#### ***Important steps when filling out the rest of form.***

- Select *Register for EFT* radio button.

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What is the reason for your inquiry?\*

- Register for EFT
- Update existing EFT registration
- Issue with an EFT payment
- Question about EFT

- Choose *Select Files* to upload the required documents.
- Click the *Submit* button to submit the request.

Attachments

- A confirmation will then be prompted on the screen.

### Confirmation

Thank you for your eBusiness inquiry. An email confirmation has been sent to the address you provided. A Provider eBusiness Analyst will contact you within 3 business days. Access to care issues will be reviewed immediately. For further questions, please call Provider eBusiness at 215-640-7410.

Group or Facility Name: TEST  
Group or Facility NPI: 123456789  
Contact Name: TEST  
Phone: 123-456-789  
Email: first.last@email.com

Inquiry Type: EFT  
Reason: Register for EFT  
Reference Number: R367C14C118  
Submitted: November 27, 2019, 12:29 PM

- A confirmation email will be sent.

**From:** donotreply@amerihealth.com <donotreply@amerihealth.com>  
**Sent:** Wednesday, November 27, 2019 12:29 PM  
**To:** Last, First <First.Last@email.com>  
**Subject:** Request #R367C14C118 has been submitted

Thank you for your eBusiness inquiry. Please retain this information for your records. A Provider eBusiness Analyst will contact you within 3 business days. Access to care issues will be reviewed immediately. For further questions, please call Provider eBusiness at 215-640-7410.

Group or Facility Name: TEST  
Group or Facility NPI: 123456789  
Contact Name: TEST  
Phone: 123-456-789  
Email: [first.last@email.com](mailto:first.last@email.com)

Inquiry Type: EFT  
Reason: Register for EFT  
Reference Number: R367C14C118  
Submitted: November 27, 2019

A member of our Provider eBusiness team will contact you within three business days to ensure that all required information was submitted on the form. Once AmeriHealth receives all necessary information, your request will be completed within 30 calendar days. A Provider eBusiness analyst will monitor your request and will send you an email confirmation to the email address provided on this form once your EFT request is completed.

### Reassociation of Electronic Remittance Advice (ERA/835) and EFT payment

Providers have the ability to automate their patient account posting and reconciliation with the associated electronic payment through use of an Electronic Remittance Advice (ERA/835) and EFT. Providers who receive payment for claims via EFT and also receive the 835 transaction **must contact** their financial institution to arrange for the delivery of the EFT payment data that is needed for re-association of the payment and the 835. The table below defines the payment data needed for reassociation and where that data is located in both the banking system's CCD+ (EFT) format file and the 835 transaction:

EFT payment data	Banking system's CCD+ (EFT) format file	835 transaction data
Effective entry date	Record 5, Field 9	BPR16
EFT amount	Record 6, Field 6	BPR02
Payment related information	Record 7, Field 3	TRN segment (Payment/EFT trace number)

### Missing or late EFT payment

If an EFT payment has not been received after four business days of receipt of the corresponding ERA/835 file, contact our Provider eBusiness team through our online Provider eBusiness Inquiry form for [AmeriHealth New Jersey](#) and [AmeriHealth Pennsylvania](#).

AmeriHealth defines business days as Monday through Friday, excluding holidays. For EFT, AmeriHealth follows the bank holiday schedule. The electronic funds will be available the next business day following the bank holiday.

### Learn more

If you have questions about EFT attestation or registration, contact our Provider eBusiness team through our online Provider eBusiness Inquiry form for [AmeriHealth New Jersey](#) and [AmeriHealth Pennsylvania](#).