

Electronic Funds Transfer (EFT) Instructions

Blue Cross and Blue Shield of North Carolina (BCBSNC) Financial Services offers electronic transfer of funds (“EFT”) for claim payments from BCBSNC to a contracted health care provider’s bank account. Generally, EFT funds are accessible by providers sooner than remittances received through a traditional process of paper checks deposited by the provider. The following outlines the process for setup of an EFT payment to the provider.

- Health care provider must submit:
 - (1) a copy of a voided check or an account verification letter on blank letterhead; and
 - (2) an Electronic Funds Transfer Authorization form (“Authorization” – see page 2) to BCBSNC Financial Services via fax or through the mail at:

BCBSNC Financial Services
Attention: Electronic Funds Transfer
PO Box 2291
Durham, NC 27702-2291

Fax Number: 919.765.7063
(Contact Phone Number 919.765.2293)

- Health care providers must submit a separate Authorization for each provider number to be set up for EFT.
- A provider number may be associated to only one bank account number.
- BCBSNC Financial Services verifies the bank name and the bank transit or routing number.
- After verification, EFT status is loaded to the BCBSNC claims system. The average time to set up a provider is five (5) days from receipt of all documentation by BCBSNC.
- All EFT payments are made to the group provider number level.

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**BlueCross BlueShield
of North Carolina**

Blue Cross and Blue Shield of North Carolina Financial Services Electronic Funds Transfer Authorization

By completing this Electronic Funds Transfer Authorization ("Authorization"), Provider agrees to the following: This Authorization is between the Provider listed below ("Provider") and Blue Cross and Blue Shield of North Carolina, an independent licensee of the Blue Cross and Blue Shield Association ("Plan"), and governs Provider's enrollment and use of the Electronic Funds Transfer ("EFT") service. The contact person identified on the Authorization warrants and represents that he/she is authorized to act on behalf of the Provider and that his/her acceptance of the terms of this Authorization creates a legally enforceable obligation of the Provider. Provider authorizes Plan to electronically transfer funds for all eligible and authorized claim payments to the bank account listed below and understands that upon activation of the EFT service, Provider will no longer receive paper checks for claims payments. Provider warrants and represents that all information listed on this Authorization is accurate and agrees to immediately notify Plan of any changes to the information. Plan may revoke this Authorization at any time and for any reason. Plan is not liable for any loss that Provider may incur as a result of the EFT service. Provider agrees to indemnify Plan from and against all suits, claims, or losses arising from or alleged to arise from the Provider's use of the EFT service. This Authorization constitutes the entire agreement between Plan and Provider for the EFT service; any prior agreements or promises relating to the EFT service are of no force and effect; provided however, if Provider signs the **Blue esm** Interactive Network Agreement, the EFT terms and conditions in the **Blue esm** Interactive Network Agreement will control over this Authorization. This Authorization does not modify the terms or conditions in Provider's Network Participation Agreement, including the payment terms. This Authorization is governed by the laws of the State of North Carolina.

Authorized Signatory Person (printed): _____
Authorized Signatory Phone Number (include area code): _____
Title: _____
Authorized Signature: _____
Date: _____

Blue Cross and Blue Shield of North Carolina is hereby authorized to transfer funds electronically to the credit of:

Provider Number (NPI): _____
Provider Name: _____
Bank Name: _____
Bank Address: _____
Bank Phone Number: _____
Bank Transit Number: _____
Bank Account Number: _____

NOTE: You must complete a separate Authorization for **each** bank account to be used. Each provider number may only be associated to one bank account number

(For Internal Use Only) Authorized By: _____

**This Authorization May Be Revoked At Any Time
Please Fax Completed Form To 919.765.7063**

