

# What's the secret to improved cash flow and faster reimbursements?

## BCBSNC Electronic Funds Transfer

Electronic Funds Transfer (EFT) is your easiest and most convenient choice for receiving reimbursement from Blue Cross and Blue Shield of North Carolina.

### Benefits:

- + Fastest reimbursement option! Payments transferred electronically post to your account before normal checks, making your funds accessible sooner.
- + Predictable transfer of funds. Eliminating mail time and bank deposit holds can improve your overall cash flow management.
- + Less paperwork and lower administrative costs — no more time spent opening envelopes and endorsing checks, preparing deposits and making trips to the bank.
- + Reduced opportunity for error or theft.
- + Deposits are made directly into a designated bank account of your choosing.
- + Possible elimination or reduction of lockbox service fees.
- + EFT paperless reimbursement helps preserve our environmental resources.

### Security:

- ▶ EFT offers security by using the same reliable network used by federal banks and government institutions.
- ▶ EFT is confidential, payments are transferred electronically and pass through fewer hands than a check.
- ▶ EFT eliminates the risk of lost or stolen checks.

### Next Steps:

- ▶ Access *Blue e<sup>SM</sup>* to complete the enrollment form—if you do not have access to *Blue e<sup>SM</sup>*, please complete the attached form.
- ▶ Concerned about disclosing bank information? Ask your financial institution about ACH block.
- ▶ Concerned about associating EFT to ERA? Ask your financial institution about viewing ACH addenda records.

Sign-up is easy and there's no cost for the service!

Simply complete the following form, attach a voided check and return to BCBSNC.

# 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 healthcare 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 a provider's bank account.

Required to be submitted by a healthcare provider:

- (1) Copy of a voided check;  
(An account verification letter on blank letterhead is also acceptable)  
— and —
- (2) Completed Electronic Funds Transfer Authorization form.  
(Authorization form located on the following page of this PDF)

The completed Electronic Funds Transfer Authorization form along with the voided check copy must be either faxed or mailed to:

**Fax Number: 919.765.7063**  
**(Contact Phone Number 919.765.2293)**  
**BCBSNC Financial Services**  
**Attention: Electronic Funds Transfer**  
**PO Box 2291**  
**Durham, NC 27702-2291**

## Please note:

- + A separate Electronic Funds Transfer Authorization is required for each provider-group number to be set up for EFT.
- + A provider-group 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-group for EFT remittance is five days from receipt of all documentation by BCBSNC.
- + All EFT payments are made at the provider-group number/NPI level vs. payments to individual providers, unless payments are being directed to a solo practitioner.



# BCBSNC Financial Services

## Electronic Funds Transfer (EFT) 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 e<sup>SM</sup>** Interactive Network Agreement, the EFT terms and conditions in the **Blue e<sup>SM</sup>** 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-group Number (NPI):

Provider-group 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-group 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 the completed form to **919.765.7063**

