

INSTAMED ORDER FORM - PAYER PAYMENTS

Get paid faster and easier with ERA/EFT.

Instructions



Review and complete entire form



Sign signature field(s)



Send through secure fax: (877) 755-3392

Complete Online

register.instamed.com/eraeft

Incomplete forms will not be accepted

DESCRIPTION

SOLUTION DESCRIPTION

By registering for Payer Payments, you will receive payments from the payers listed at the following URL (www.instamed.com/providers/payer-list/) by electronic funds transfer (EFT) and claims information by electronic remittance advice (ERA). After you register for Payer Payments, you will no longer receive a paper check or paper explanation of payment (EOP) from the payers listed at the URL set forth in the prior sentence, which URL InstaMed may update from time to time to add or remove payers. To opt out of Payer Payments from one or more of the available payers, please contact InstaMed at (866) 945-7990 or connect@instamed.com.

CUSTOMER INFORMATION

Primary Contact	Billing Address		
Name (First/Last)	Customer Legal Name	Customer Legal Name	
Title	Customer DBA Name (if diff	Customer DBA Name (if different)	
Phone	Street Line 1	Street Line 1	
Email	Street Line 2	Street Line 2	
	City	State	Zip
Number of Providers Tax ID	Patient Accounting System		Version
Remittance Delivery			
You will automatically receive ERAs through the Instally your clearinghouse below. For a list of supported clear		0 1	•
Clearinghouse: Availity LLC	Check this box to receive ERAs via	SFTP (Secure File	e Transfer Protocol)
NPIs			
Please give your Billing Provider NPI(s) and, if you use Se use Service Provider NPI(s) for claims billing, you do not a have ALL of their remittances and payments routed to yo	need to list them. In order to avoid misdirec	ted payments, only	list NPI(s) that should
Billing Provider NPI:	Billing Provider NPI:		
Billing Provider NPI:	Billing Provider NPI:		

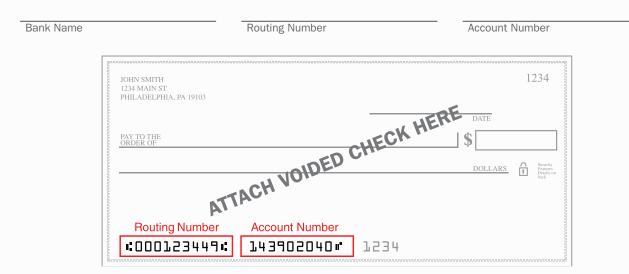
Internal Initials:

CUSTOMER INFORMATION



BANK ACCOUNT INFORMATION

Bank account information is required for payer payment deposits. A voided check or bank letter is required.



AGREED AND ACCEPTED

By signing below, you agree to the terms of this Order Form and you confirm that the other information that you have provided in the Order Form is true and correct. You also agree to the Terms and Conditions set forth at <u>www.instamed.com/im-online/InstaMed_Terms_and_Conditions.pdf</u> or separately agreed to in writing by you and InstaMed, which are integral to, and form a part of, this Order Form. The parties consent and agree that this Order Form may be electronically signed. The parties agree the electronic signatures appearing on this Order Form are the same as hand-written signatures for purposes of validity, enforceability and admissibility.

Customer Legal Name		
Tax ID (same as page 1)		
01		
Signature	Date	
Print Name		
I IIII Nalle		
Title		

Internal Initials:

InstaMed

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