

Electronic Funds Transfer Authorization Form

Effective January 1, 2010, we will make all provider payments via electronic funds transfer (EFT) and only provide remittances electronically. If you would like a hard copy remittance, you can print it from our Web site at www.SouthCarolinaBlues.com.

PART I: TO BE COMPLETED BY PROVIDER

Request Type (*circle one*): Change Add

Request for BlueCross BlueShield of South Carolina and BlueChoice HealthPlan:

Provider's Name:				
Address:				
			<i>City:</i>	<i>State:</i>
			<i>ZIP:</i>	
Contact's Name:				
Address:				
			<i>City:</i>	<i>State:</i>
			<i>ZIP:</i>	
Contact Phone #:	-	-		
E-mail Address:				
Bank Name:				Account Type:
Bank Account Number:				Checking: <input type="checkbox"/>
ABA Number (Routing Number):		-		-
	<small>(i.e. 123-456-789)</small>			Savings: <input type="checkbox"/>

In order to complete your EFT set-up, please give us your Federal Tax ID number and provide us with at least one NPI for your Federal Tax ID:

Federal Tax ID:		NPI:	
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In order to have electronic payments sent directly to your financial institution, the provider must have sole control of the account, and the financial institution is subject only to the provider's instructions regarding the account.

Provider's Authorized Signature:
(must match authorized signature on bank signature card)

Printed Name:

Title:

Date:

PART II: TO BE COMPLETED BY FINANCIAL INSTITUTION (FI) **

Please verify the Routing and Account Information Above

Contact's Name:				
Contact's Address:				
			<i>City:</i>	<i>State:</i>
			<i>ZIP:</i>	
FI Authorized Signature**:				
Printed Name:				
Title:				
Date:				

** The FI signature represents its validation of all information related to this account provided above, including the authorized signature.

For office use only:		
	Date	Initials
Received:	<input type="text"/>	<input type="text"/>
Validation Completed:	<input type="text"/>	<input type="text"/>
Update Completed:	<input type="text"/>	<input type="text"/>