

## myNEXUS Electronic Funds Transfer (EFT) Instructions

myNEXUS' preferred payment method is electronic transfer of funds (EFT) for claim payments to a contracted Healthcare Provider's bank account. Generally, a Provider can access EFT funds sooner than a Provider deposited remittance received through traditional paper checks. The following outlines the process for setup of an EFT payment to a Provider's bank account.

To register for EFT payments, Healthcare Provider must submit all the following documents:

- Requirement 1: Copy of a voided check (An account verification letter from your bank is also acceptable)
- Requirement 2: Completed Electronic Funds Transfer Authorization form (Form located on following page)
- Requirement 3: Copy of Provider W9

The completed Electronic Funds Transfer Authorization form along with the voided check copy and W9 must be sent to myNEXUS via one of the options below:

<p><b><u>Fax:</u></b> <b>615-988-9943</b></p> <p><b><u>Secure Encrypted Email:</u></b> <b>provider_network@myNEXUScare.com</b></p>	<p><b><u>Mail:</u></b> <b>myNEXUS</b> <b>Attention: Electronic Funds Transfer</b> <b>P.O. Box 991</b> <b>Brentwood, TN 37024</b></p> <p><b><u>Contact Phone Number:</u></b> <b>615-610-5815</b></p>
--	---

Please Note:

- A separate Electronic Funds Transfer Authorization and W9 is required for each Provider Tax ID number to be set up for EFT.
- A Provider Tax ID number may be associated to only one bank account number.
- myNEXUS verifies the bank name and the bank transit or routing number.
- All EFT payments are made at the Provider Tax ID number level.

(For Internal Use Only) Authorized By:



### myNEXUS 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 myNEXUS, which 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 myNEXUS 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 myNEXUS of any changes to the information. myNEXUS may revoke this Authorization at any time and for any reason. myNEXUS is not liable for any loss that Provider may incur as a result of the EFT service. Provider agrees to indemnify myNEXUS 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 myNEXUS and Provider for the EFT service; any prior agreements or promises relating to the EFT service are of no force and effect.

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 Tennessee.

AGENCY INFORMATION	
Provider Full Legal Agency Name:	
Doing Business As (DBA) Name:	
Primary Contact Name and Title:	Phone Number:
Email Address:	
Provider Address:	
City:	State: Zip Code:
Federal Tax Identification Number (TIN):	National Provider Identifier Number (NPI):
Financial Institution Name:	
Financial Institution Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Financial Institution Routing Number:	
Financial Institution Account Number:	
Reason for Submission:	
<b>NOTE: You must complete a separate EFT Authorization Form for each financial account to be used. Each provider number may only be associated with one bank account number.</b>	
<b>PLEASE RETURN FORM:</b> <b>BY FAX: 615-988-9943</b> <b>BY SECURE ENCRYPTED EMAIL: provider_network@myNEXUScare.com</b>	

<b>Provider Signature:</b>	<b>Date:</b>
----------------------------	--------------

(For Internal Use Only) Authorized By:
--