Sentara Health Plans

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Electronic Payment/Remittance Authorization Agreement

Detailed instructions on how to complete this form can be found at http://providers.sentarahealthplans.com/billing/Pages/eftera-authorizationagreement.aspx. If you have any questions, please contact Sentara Finance at EFT_ERA_INQUIRY@SENTARA.COM.

* *An asterisk denotes required information*

PROVIDER INFORMATION

* Provider Name

PROVIDER IDENTIFIERS INFORMATION

* Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

Please include TIN numbers for all practice locations EFT applies to

* National Provider Number (NPI)

PROVIDER CONTACT INFORMATION

* Provider Contact Name
* Telephone Number
* Email Address

Provider Numbers

FINANCIAL INSTITUTION INFORMATION

* Financial Institution Name
* Financial Institution Routing Number
* Type of Account at Financial Institution ○ Checking ○ Savings
* Provider's Account Number With Financial Institution
* Account Number Linkage to Provider Identifier *(e.g., Preference for Aggregation of Remittance Data)*

* Provider Tax Identification Number (TIN)

ELECTRONIC REMITTANCE ADVICE INFORMATION

* Preference for Aggregation of Remittance Data *(e.g., Account Number Linkage to Provider Identifier)*

* Provider Tax Identification Number (TIN)

PLEASE NOTE THAT BY CHOOSING TO RECEIVE YOUR PAYMENTS ELECTRONICALLY, REMITS WILL ALSO BE DELIVERED ELECTRONICALLY, AND YOU MUST SELECT ONE OF THE OPTIONS BELOW. PAPER REMITS WILL CEASE.

* Method of Retrieval

○ Print from sentarahealthplans.com

YOU MUST HAVE A SENTARAHEALTHPLANS.COM USERNAME AND PASSWORD

sentarahealthplans.com Login ID:

sentarabehavioralhealth.com Login ID:

If you do not have a sentarahealthplans.com username and password, providers may submit a Provider Connection Enrollment Form, which can be found at sentarahealthplans.com.
(https://www.formrouter.net/forms09@SNTRA/SentaraHealthPlansEnrollment.html)

○ Clearinghouse

○ Access directly from the Sentara secure FTP Site

A Sentara Finance representative will contact you to discuss specific requirements.

ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

* Clearinghouse Name

Your clearinghouse must have a relationship with the Sentara clearinghouse of choice: Misys-Payerpath.

SUBMISSION INFORMATION

Please attach a letter on bank letterhead. The letter must be dated within the last 90 days and should include the physical bank address; routing and account number; and a bank employee's name, title, email, and phone number.

* Reason for Submission ○ New Enrollment ○ Change Enrollment ○ Cancel Enrollment

Request Type ○ Sentara Health Plans ○ Sentara Behavioral

With your Signature and Printed Name, you are certifying that the account is drawn in the name of the physician or individual Practitioner or the Legal Business name of the Provider or Agent. The Provider or Agent has sole control of the account to which EFT deposits are made in accordance with all applicable Federal regulations and instructions. All arrangements between the Financial Intuition and the said Provider or Supplier are in accordance with all applicable Federal regulations and instructions with the effective date of the EFT authorization. You must notify Sentara in writing in regards to any changes in the account in sufficient time to allow the contractor and the Financial Institution to act on the change.

The EFT Authorization must be signed by an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment.

* Written Signature of Person Submitting Enrollment

* Printed Name of Person Submitting Enrollment

* Submission Date

* Requested EFT Start/ Change/Cancel Date

* Requested ERA Effective Date

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