
INSTRUCTIONS FOR COMPLETING THE EFT/ERA AUTHORIZATION AGREEMENT

PART I: PROVIDER INFORMATION

- Line 1 Enter the provider's/supplier's legal business name or the name of the physician or individual practitioner, as reported to the Internal Revenue service (IRS). The account to which EFT payments made must exclusively bear the name of the physician or individual practitioner, or the legal business name of the person or entity to be paid by Optima Health.
- Line 2 Enter the provider's Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)
Note: All Optima Health vendor number(s) associated with this TIN will have their EFT/ERA enrollment canceled. If there are specific vendor numbers you only want canceled, those should be identified in Line 7. You can contact your Provider Relations Representative or Network Educator for a complete list of your vendors.
- Line 3 Enter the provider's National Provider Identifier (NPI)
Note: This is a unique ten-digit identification number required by HIPAA for all health care providers in the United States. Providers must use their NPI to identify themselves in all HIPAA transactions.
- Line 4 Enter the name of a contact person who can answer questions about information submitted on Electronic Payment/Remittance Authorization Agreement form.
- Line 5 Enter the contact person's telephone number.
- Line 6 Enter the email address of the person the provider would like to be notified when cancellation has been processed.
- Line 7 Enter the Optima Health vendor number(s) cancellation is being submitted for.
Note: This field MUST be completed for cancellation to be processed. Please refer to notation under Line 2.

PART II: FINANCIAL INSTITUTION INFORMATION

- Line 8 Not applicable
- Line 9 Not applicable
- Line 10 Not applicable
- Line 11 Not applicable
- Line 12 Enter the provider's Federal Tax Identification Number (TIN).

PART III: ELECTRONIC REMITTANCE ADVICE INFORMATION

- Line 13 Same as Line 12
- Line 14 Not applicable
- Line 15 Not applicable
- Line 16 Not applicable

PART IV: ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

CANCELLATION

Line 17 Not applicable

PART V: SUBMISSION INFORMATION

Line 18a

Not applicable

Line 18b

Not applicable

Line 18c

Select 'Cancel Enrollment' if you would like to stop receiving electronic payments and remits and begin receiving paper checks and remits again.

Line 19 Not applicable

Line 20 Not applicable

Line 21a

Select 'Optima Health Plan' if you are canceling your medical vendors for EFT/ERA.

Line 21b

Select 'Optima Behavioral Health' if you are canceling your behavioral health vendors for EFT/ERA.

Line 22 By your signature on this form you are certifying that you have the authority of the provider to cancel enrollment in the EFT/ERA process with Optima Health or Optima Behavioral Health.

Line 23 Legibly print or type the name of the person submitting the provider's EFT/ERA cancellation.

Line 24 Enter the date that you are submitting this cancellation notification.

Line 25 Enter the effective date if a future cancellation date is desired.

Please mail or fax completed cancellation form to:

Optima Health Plan
Attn: Cindy Hunt
4456 Corporation Lane, Suite 350
Va. Beach, VA 23462
Fax: 757-252-8037

Email request for cancellation status to: EFT_ERA_Inquiry@sentara.com