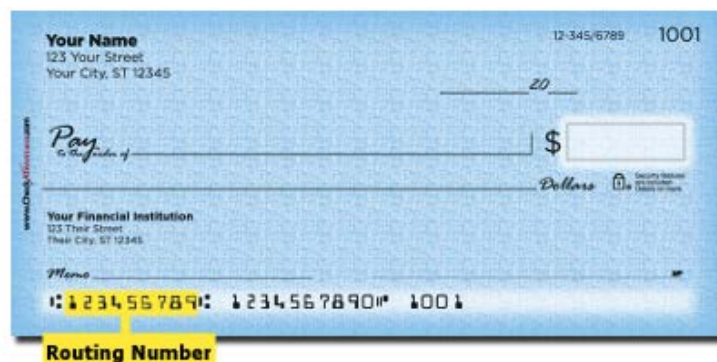

INSTRUCTIONS FOR COMPLETING THE EFT/ERA AUTHORIZATION AGREEMENT

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: EFT/ERA changes submitted on this agreement will be made for all Optima vendor number(s) associated with this TIN. If there are specific vendor numbers you only want changed, 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 changes 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 notified when changes have been processed.
- Line 7 Enter the Optima Health vendor number(s) changes are being submitted for.
Note: This field MUST be completed for changes to be processed. Please refer to notation under Line 2.

PART II: FINANCIAL INSTITUTION INFORMATION

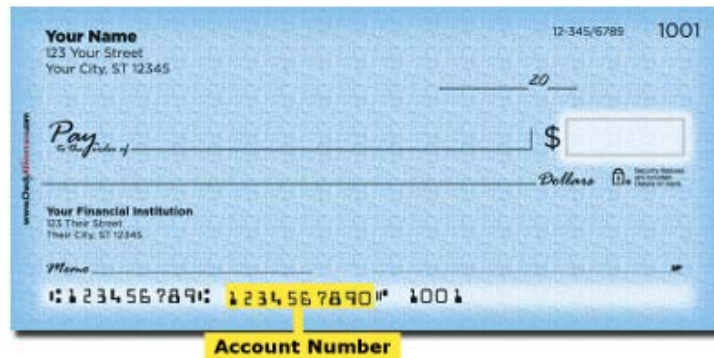
- Line 8 Enter the name of the Financial Institution (this is the name of the bank or qualifying depository that will receive the funds) that you are changing to if applicable. **Note:** The account name to which EFT payments will be paid is to the name submitted on Part I of this form.
- Line 9 Enter the bank or financial institution's nine-digit routing number, including applicable leading zeros. *Only required if this is a banking change.



CHANGE

Line 10 Select the account type if you are requesting a change to your financial institution.

Line 11 Enter the depositor's account number that you are changing to, including applicable leading zeros. *Only required if this is a banking change



Line 12 Enter the provider's Federal Tax Identification Number (TIN). This will be used to link the EFT and ERA files for the provider's reconciliations.

PART III: ELECTRONIC REMITTANCE ADVICE INFORMATION

Line 13 Same as Line 12

Line 14 Select 'Print from www.OptimaHealth.com' if you currently receive your ERAs from a clearinghouse or directly from Optima Health through a secure ftp and wish to begin printing them from www.Optimahealth.com or www.Optimabehavioralhealth.com for manual posting. Note: You MUST include your www.Optimahealth.com or www.Optimabehavioralhealth.com login id for this change to be processed.

Line 15 Select 'Clearinghouse' if you are changing clearinghouses, or if you currently print your ERAs from www.Optimahealth.com or www.Optimabehavioralhealth.com and would like to begin receiving them from a clearinghouse, or if you currently pick up an electronic 835 file directly from Optima Health and would like to begin receiving them from a clearinghouse. Note: The clearinghouse MUST have a relationship with Optima's clearinghouse, Misys-Payerpath or have a relationship with them through a third party. You should also confirm that you are setup appropriately with the clearinghouse before submitting change to Optima Health.

Line 16 Select 'Access directly from an Optima secure FTP Site' if you currently print your ERAs from either www.Optimahealth.com or www.Optimabehavioralhealth.com, or if you currently receive them from a clearinghouse but would like to begin picking up an electronic 835 file directly from Optima Health through a secure FTP Site.

PART IV: ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

Line 17 Enter the new clearinghouse name

PART V: SUBMISSION INFORMATION

CHANGE

Line 18a

Not applicable

Line 18b

Select 'Change Enrollment' if you currently receive EFT/ERA but need to notify Optima of a change to your Financial Institution, Electronic Remittance Advice, or Provider Contact information.

Line 18c

Not applicable

Line 19 Select 'Voided Check' if you will be mailing an **original** voided check to notify Optima Health of a change to your current banking information. *Only required if this is a banking change

Line 20 Select 'Bank Letter' if you will be submitting (fax or email) a letter from your new Financial Institution that contains your new bank account and routing number. *Only required if this is a banking change

Line 21a

Select 'Optima Health Plan' if you would like to enroll your medical vendors for EFT/ERA

Line 21b

Select 'Optima Behavioral Health' if you would like to enroll your behavioral health vendors for EFT/ERA.

Line 22 By your signature on this form 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 Supplier.

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

Line 24 Enter the date that you are submitting changes.

Line 25 Enter the effective date these changes should take effect if a future date is desired.

PLEASE NOTE:

The Provider must contact its (new) financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Reassociation Data Elements needed for reassociation of the payment and the ERA.

Please mail or fax completed enrollment form and bank documents if applicable to:

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

Email request for status of change to: EFT_ERA_Inquiry@sentara.com