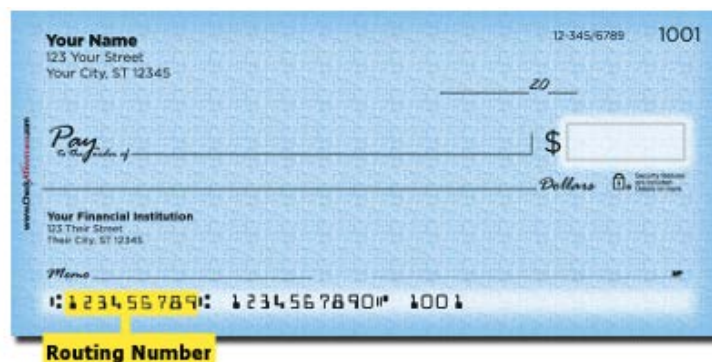

INSTRUCTIONS FOR COMPLETING THE EFT/ERA AUTHORIZATION AGREEMENT

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 be enrolled for EFT/ERA. If there are specific vendor numbers you only want to enroll, 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 notifications of deposit sent to.
- Line 7 Enter the Optima Health vendor number(s) this enrollment is being submitted for.
Note: This field MUST be completed for enrollment to be processed. Please refer to notation under Line 2.

PART II: FINANCIAL INSTITUTION INFORMATION

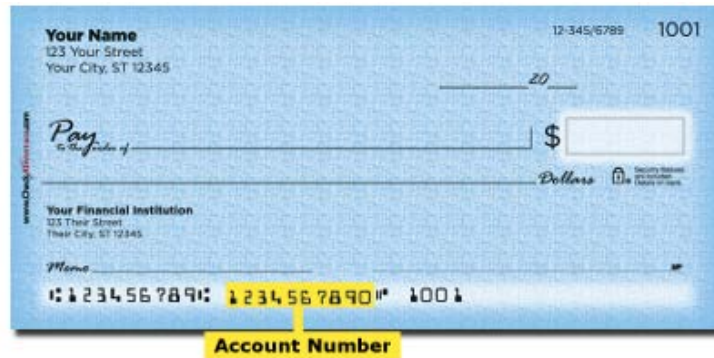
- Line 8 Enter your Financial Institution's name (this is the name of the bank or qualifying depository that will receive the funds). **Note:** The account name to which EFT payments will be paid is to the name submitted on Part I of this form.
- Line 9 Enter the bank or financial institution's nine-digit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



NEW

Line 10 Select the account type

Line 11 Enter the depositor's account number, including applicable leading zeros.



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 wish to print your remits for manual posting.

Note: You MUST include your www.Optimahealth.com or www.Optimabehavioralhealth.com login id for enrollment to be processed.

Line 15 Select 'Clearinghouse' if you have a relationship with a clearinghouse and would like your Optima remits delivered to you by them. Note: Your clearinghouse MUST have a relationship with Optima's clearinghouse of choice, Misys-Payerpath or have a relationship with them through a third party. You should also confirm that you are setup appropriately with your clearinghouse before submitting enrollment to Optima.

Line 16 Select 'Access directly from Optima secure FTP site' if you would like to pick up an electronic 835 file directly from Optima.

PART IV: ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

Line 17 Enter your clearinghouse name

PART V: SUBMISSION INFORMATION

Line 18a

Select 'New Enrollment' if you currently receive paper checks and remits for any of your Optima vendor numbers and would like to begin receiving these payments and remits electronically.

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.

NEW

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 Select 'Voided Check' if you will be mailing an **original** voided check to notify Optima of your banking information.

Line 20 Select 'Bank Letter' if you will be submitting (fax or email) a letter from your Financial Institution that contains your bank account and routing number.

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 enrollment.

Line 24 Enter the date that you are submitting this enrollment.

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

PLEASE NOTE:

The Provider must contact its 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 to:

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

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