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### ELECTRONIC PAYMENT/REMITTANCE ENROLLMENT FORM

\* If you are not completing this form electronically and printing, please print clearly.

	New EFT	Change Existing EFT	Cancel EFT
Request Type:	<input type="checkbox"/> Optima Health Plan	<input type="checkbox"/> Change Bank <i>(include original voided check)</i>	<input type="checkbox"/> Cancel
	<input type="checkbox"/> Optima Behavioral	<input type="checkbox"/> Change Clearinghouse	

Practice, Provider, Broker or Association Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Vendor #(s) or Tax ID #(s) \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address *(required for notification of deposits)* \_\_\_\_\_

Signature of Office Manager or person authorized to make financial decisions for the practice:

Print Name \_\_\_\_\_ Signature/Title \_\_\_\_\_

Are you a Broker or Association? Yes  No  Broker ID/Vendor# \_\_\_\_\_

Username of the person or agent who will access remits for all brokers. \_\_\_\_\_

**Brokers Please Note:** *If you do not have a Login ID for optimahealth.com please contact your Account Representative.*

#### PROVIDERS ONLY

Are you a Billing Service submitting the 837 and receiving the 835 for the applying provider? Yes  No

**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.**

How do you wish to receive your Electronic Remittance Advice (ERA)?

Download or print from: optimahealth.com Login ID: \_\_\_\_\_  
 \_\_\_\_\_  
 optimabehavioralhealth.com Login ID: \_\_\_\_\_

**YOU MUST HAVE AN OPTIMAHEALTH.COM USERNAME AND PASSWORD**

If you don't have an optimahealth.com username and password:

- Providers submit a Provider Connection Enrollment Form which can be found at optimahealth.com.

835 file from my clearinghouse - name of clearinghouse: \_\_\_\_\_  
 Your clearinghouse must have a relationship with the Optima Health clearinghouse of choice, Misys-Payerpath.

Pick up an 835 file directly from Optima through a secure ftp site.  
 An Optima Health Finance representative will contact you to discuss specifics.

Please mail this completed form with an original voided check or a bank letter (if a new set up or changing bank) to:

Optima Health Plan  
 Attn: Cindy Hunt  
 4456 Corporation Lane, Suite 350  
 Virginia Beach, VA 23462