

# ForwardHealth Portal Electronic Funds Transfer User Guide

**Date Last Updated: November 6, 2012**

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# 1 Introduction

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This user guide provides general instructions on how to enroll in and administer a ForwardHealth electronic funds transfer (EFT) account.

## 1.1 Important Information

The following information should be reviewed and understood prior to enrolling for EFT payments from ForwardHealth:

- All EFT enrollments must be completed via your secure Provider Portal account. Paper enrollments will not be accepted.
- Only a clerk who has been assigned the EFT role may enroll in EFT. An account administrator may create a new clerk account for this purpose or may modify an existing clerk account to have an EFT role.
- Once enrolled for EFT, organizations cannot revert back to receiving paper checks.
- Organizations may change their EFT information at any time.
- Enrolling in EFT does not change your Remittance Advice. You will continue to receive your remittance information the same way.

If you do not have a ForwardHealth Portal account and wish to enroll in EFT, go to <https://www.forwardhealth.wi.gov/> to request a ForwardHealth Portal account. You may also call the ForwardHealth Portal Helpdesk at (866) 908-1363 for assistance in requesting a Provider Portal account.

## 1.2 Getting Started

All administrative accounts have access to the EFT enrollment and tracking function on the ForwardHealth Portal.

Account administrators who wish to delegate EFT enrollment and tracking functionality to users within their organization can create clerk accounts, modify existing clerk accounts, and grant those clerk accounts access to the EFT enrollment and tracking functionality. The EFT role should only be assigned to those clerks who need access to EFT information and should be removed when no longer needed.

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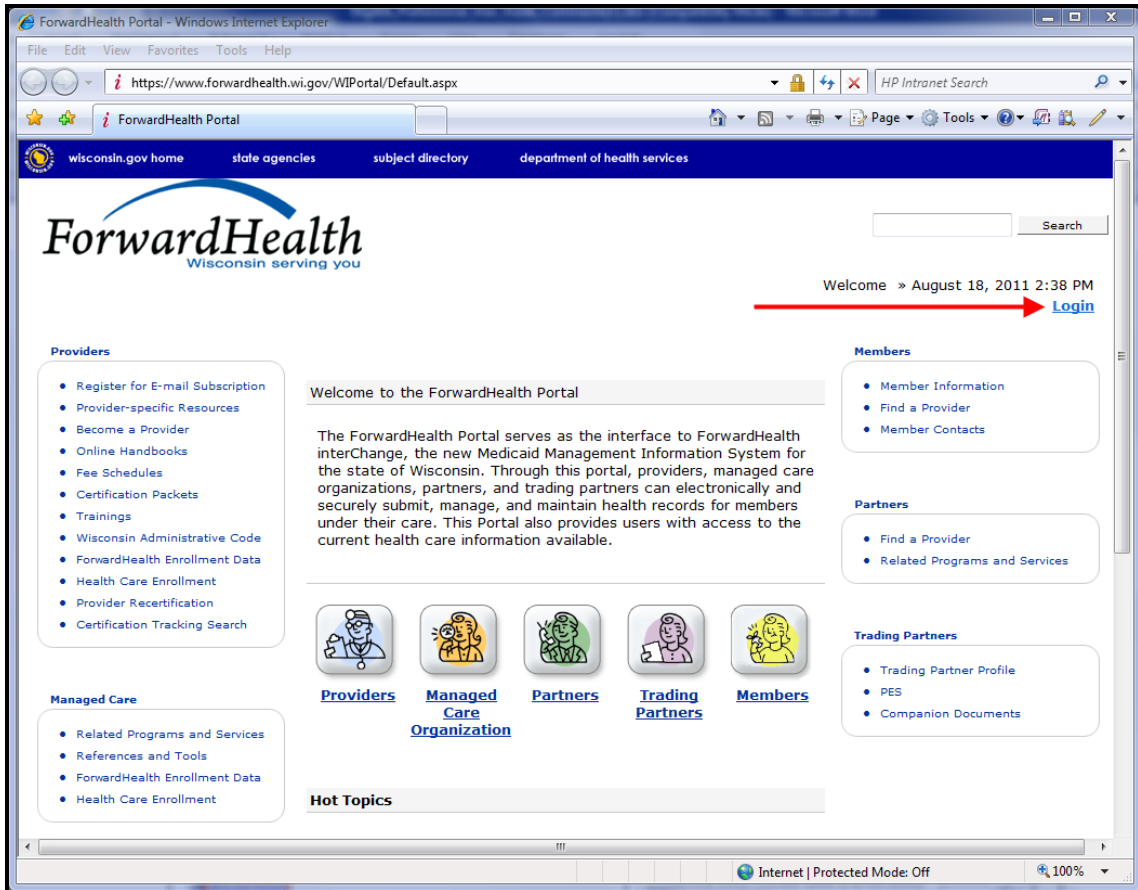
*Note:* Please be advised that EFT information includes data about your financial institution and EFT settlement account number. By granting a clerk the EFT role, account administrators are granting clerks access to this information. Account administrators are responsible for ensuring that access to this information is restricted to only those clerks authorized within the organization to view the information.

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For information about managing clerk accounts, refer to the "Clerk Maintenance" section of the [ForwardHealth Provider Portal Account User Guide](#) which is located on the Portal User Guides page of the ForwardHealth Portal.

## 2 Enroll in Electronic Funds Transfer

1. Access the ForwardHealth Portal at <https://www.forwardhealth.wi.gov/>.



*ForwardHealth Portal Page*

2. Click **Login**.

The ForwardHealth Portal Login box will be displayed.

**ForwardHealth Portal Login:**

**Username**

**Password**

- [Logging in for the first time?](#)
- [Forgot your password?](#)
- [Account Users Guide](#)

*ForwardHealth Portal Login*

3. Enter your username.

4. Enter your password.
5. Click **Go!**

The secure Provider page will be displayed.



*Secure Provider Page*

6. Click **Electronic Funds Transfer** located in the Home Page box on the right of the page.

*Note:* Electronic funds transfer enrollment must be initiated by an account administrator or clerk who has been assigned the EFT role. Clerks not assigned the EFT role will not see the EFT link. Account administrators who wish to delegate the EFT enrollment and tracking functionality to other users within their organization can create clerk accounts, modify existing clerk accounts, and grant those clerk accounts access to the EFT enrollment and tracking functionality.

For information on adding a role to a clerk, refer to the [ForwardHealth Provider Portal Account User Guide](#).

The Introduction page will be displayed.

### Introduction

Required fields are indicated with an asterisk (\*).

**For New EFT enrollments or Changes to Existing EFT Enrollments:**

You will need to have the following information available:

- The name and email address for the person in your organization that will serve as the contact for all EFT information.
- The financial institution's ABA routing number.
- The account number and the name on record with the bank/financial institution as the Account Holder for the account.
- The type of account (savings or checking, personal or business).

**Existing EFT Data**

- Any existing EFT information will be pre-populated based on the current organization you are logged in with.

**To Check the Status of Your EFT Enrollment:**

- Click "Next" below and a status screen will appear.

**User Guide**

- [View](#) the EFT user guide.

**EFT Processing Overview**

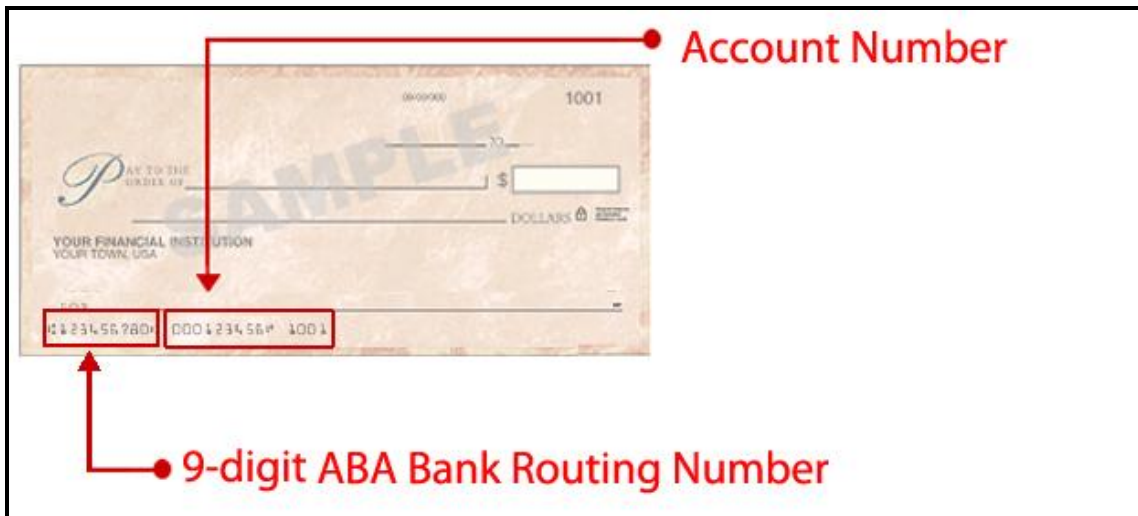
- [View](#) the EFT processing overview.

[Next](#) [Exit C](#)

*Introduction Page*

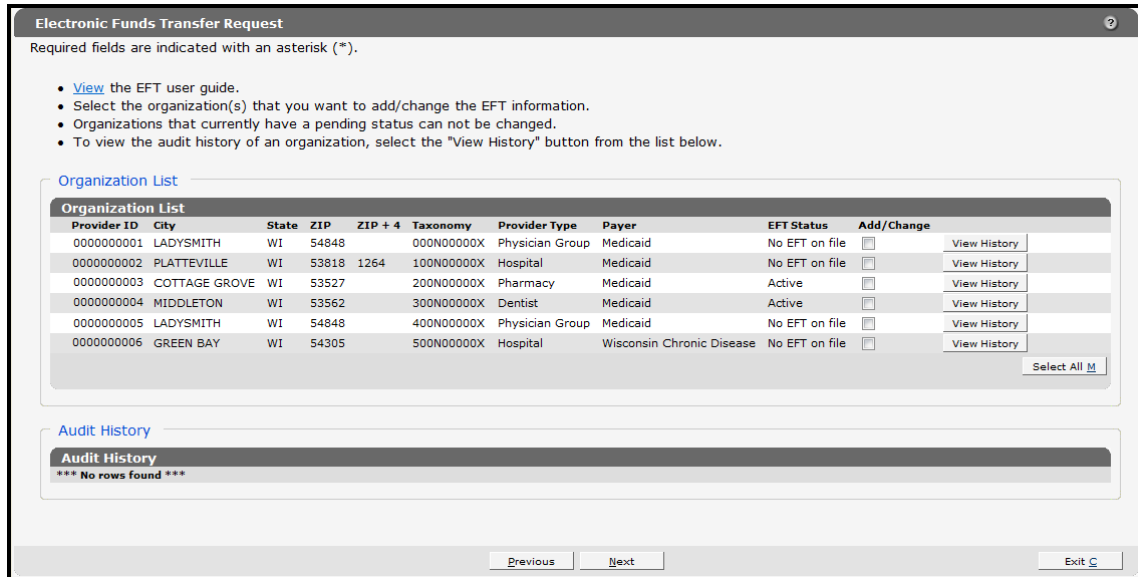
7. Gather the information listed on this page:

Your financial institution's American Bankers Association (ABA) routing number and the account number used for your EFT transactions can easily be found on the account's checks and deposit slips.



8. Click **Next**.

The Electronic Funds Transfer Request page will be displayed.



*Electronic Funds Transfer Request Page*

If you are an EFT clerk, this page will display all the service locations for which you are assigned the EFT role. Account administrators will see all the service locations for the provider under which they are logged in.

The EFT Status column displays the current status of each service location. Service locations not yet enrolled in EFT will display a status of *No EFT on file*.

9. Check the Add/Change box for each service location that is to be enrolled in EFT.

If all the service locations listed are to be enrolled, click **Select All**.

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*Note:* When more than one service location is selected, all the information entered in the succeeding pages will apply to all the service locations selected. If there is a difference in the EFT set-up information used between service locations, including demographic information, e-mail addresses, American Bankers Association (ABA) routing numbers, EFT settlement account numbers, and account types, the service locations must be entered separately.

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10. Click **Next**.

The General Information page will be displayed.

### General Information

Required fields are indicated with an asterisk (\*).

- [View](#) the EFT user guide.
- If you need to change the tax information below, you will need to complete the [Provider Change of Address or Status Form](#) and submit it through the mail.

**Pay To Address**

Name - Business or Individual

Street Address Line 1

Street Address Line 2

City

State/ZIP   -

**Contact Information**

Name - Contact Person\*

Primary E-mail Address\*

Telephone Number\*  Ext.

Fax Number

**Other EFT Contact Notification Addresses**

E-mail Address 1

E-mail Address 2

E-mail Address 3

E-mail Address 4

**Tax Identification Information**

Taxpayer Identification Number (TIN)

Name - FEIN/SSN

*General Information Page*

The "Pay To Address" and "Tax Identification Information" sections are pre-filled with the information you already have on file.

**Note:** If it is necessary to change the tax identification information, click **Provider Change of Address or Status Form** located at the top of the page to download F-01181. This form will need to be completed and submitted via mail.

11. In the "Contact Information" section, enter the name and contact information of the individual from your organization designated as the primary contact for all notices and information regarding EFT. The e-mail address entered in the "Contact Information" section will serve as the primary e-mail contact for the EFT account.



The screenshot shows two sections of a web form. The first section, titled "Contact Information", contains the following fields: "Name - Contact Person\*" with the value "JANE DOE", "Primary E-mail Address\*" with the value "jane.doe@abc.com", "Telephone Number\*" with the value "(123)456-7800" and an "Ext." field, and "Fax Number" with the value "(123)456-7801". The second section, titled "Other EFT Contact Notification Addresses", contains four "E-mail Address" fields, with the first one containing the value "john.smith@xyz.com".

*Contact Information and Other EFT Contact Notification Addresses Sections*

12. In the "Other EFT Contact Notification Addresses" section, add e-mail addresses for any other individuals who should be notified of changes or issues with the EFT account.
13. Click **Next**.

The Financial Institution Information page will be displayed.

The screenshot shows the "Financial Institution Information" page. At the top, it says "Required fields are indicated with an asterisk (\*)." Below this is a link: "View the EFT user guide." The "Search Criteria" section has two input fields: "ABA Routing Number" and "Financial Institution Name", and a "Search \*" button. The "Search Results" section shows a message: "\*\*\* No rows found \*\*\*". The "Selected Financial Institution" section has several input fields: "ABA Routing Number", "Financial Institution Name", "Address Line 1", "Address Line 2", "City", "State/ZIP" (with a dropdown for the state and a text field for the ZIP), and "Telephone Number" (with an "Ext." field). At the bottom, there are three buttons: "Previous", "Next", and "Exit C".

*Financial Institution Information Page*

- In the "Search Criteria" section, enter either the ABA routing number or the name of the financial institution you wish to use for settlement of the ForwardHealth EFT payments.
- Click **Search**.

A list of the available financial institutions matching your search criteria will be displayed in the "Search Results" section.

The screenshot shows a web form titled "Financial Institution Information" with a help icon. Below the title, it states "Required fields are indicated with an asterisk (\*)". A bullet point links to "View the EFT user guide." The "Search Criteria" section contains two input fields: "ABA Routing Number" with the value "070707070" and "Financial Institution Name" which is empty. A "Search \*" button is to the right. The "Search Results" section displays a table of results:

ABA Number	Name	Address Line 1	City	State	ZIP	ZIP+4
070707070	GENERAL BANK GREEN BAY, N.A.		GREEN BAY	WI		

*Search Results Section*

- From the displayed list, click the financial institution whose information matches the ABA routing number, name, and address of the institution with which your organization has an account and that your organization wishes to designate as their ForwardHealth EFT financial institution.

Information for the selected financial institution will be displayed in the "Selected Financial Institution" section.

The screenshot shows the "Selected Financial Institution" form with the following populated information:

ABA Routing Number: 070707070  
Financial Institution Name: GENERAL BANK GREEN BAY, N.A.  
Address Line 1: [Empty]  
Address Line 2: [Empty]  
City: GREEN BAY  
State/ZIP: WI [Empty] - [Empty]  
Telephone Number: [Empty] Ext. [Empty]

Navigation buttons at the bottom: Previous, Next, Exit C.

*Selected Financial Institution Section*

- Verify that the populated information is correct.
- Click **Next**.

The Account Information page will be displayed.

**Account Information** ?

Required fields are indicated with an asterisk (\*).

- [View](#) the EFT user guide.

**Account Information**

Customer Account Number\*

Type of Account\*  Checking  Savings

Business or Personal Account\*  Business  Personal

**Account Holder Information**

Name - Account Holder\*

Street Address Line 1\*

Street Address Line 2

City\*

State/ZIP\* WI  -

Telephone Number\*  Ext.

[Previous](#) [Next](#) [Exit](#)

*Account Information Page*

19. Enter information in and select information for the fields in the “Account Information” and “Account Holder Information” sections.
20. Click **Next**.

The Authorization to Make Electronic Fund Payments page will be displayed.

### Authorization to Make Electronic Fund Payments

Required fields are indicated with an asterisk (\*).

- [View](#) the EFT user guide.

**Authorization**

On behalf of the health care provider identified above, by my signature below I hereby represent as follows:

1. I authorize the Department of Health Services (DHS) to deposit, by electronic funds transfer, payments owed to the provider by the State of Wisconsin and, if necessary, initiate debit adjustments for any electronic deposits made in error to the account indicated above. I hereby authorize the financial institution/bank named above to credit and/or debit the same to such account.
2. I acknowledge that funds deposited pursuant to this authorization are payments by the State of Wisconsin and are subject to the same laws, rules and policies as payments made in any other manner.
3. I acknowledge that if the provider fails to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically. In the event that due to failure to provide complete or accurate information DHS deposits payments into an account over which the provider does not have control, I agree that DHS shall be held harmless for such payments.
4. I hereby certify that the provider has control of the account referenced above, and that the financial institution and all arrangements between the financial institution and the provider are in compliance with all applicable federal and Automated Clearing House (ACH) regulations and instructions.
5. I acknowledge that any information provided in this document constitutes a statement or representation of a material fact knowingly and willfully made or caused to be made for use in determining rights to payment within the meaning of s.49.49(1) and (4m), Wis. Stats., and that if any such information is false, criminal or other penalties may be imposed under those laws.
6. I acknowledge that this authorization is effective as of the signature date below and will remain in full force and effect until the DHS has received written notification from an authorized representative of provider at least thirty (30) days in advance of its termination. The DHS will continue to send the direct deposit to the financial institution indicated above until notified in accordance with this paragraph by an authorized representative of provider that provider wishes to change the financial institution receiving the direct deposit. If provider's EFT information changes, provider agrees to submit to the DHS an updated EFT Authorization Agreement.
7. I acknowledge that the requirements and obligations contained herein are in addition to any and all other requirements and obligations applicable to provider in connection with provider's participation in any program that is part of ForwardHealth, including but not limited to requirements and obligations set forth in federal and state statutes and rules and applicable provider handbooks and updates.
8. I am an authorized representative of the provider with power to make all representations on provider's behalf contained herein.

I Agree to the statements above

SIGNATURE - Authorized Agent\*

Title\*

Date Signed\*

[Previous](#) [Next](#) [Exit](#)

### Authorization to Make Electronic Fund Payments Page

21. Read the Authorization statement.
22. Check the box next to "I Agree to the statements above."
23. Enter your signature, title, and the date.

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**Note:** This is a legally binding agreement. If you do not agree to these statements, you will not be enrolled in EFT.

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24. Click **Next**.  
The Summary page will be displayed.

**Summary**

- [View](#) the EFT user guide.
- The EFT request is ready to submit. If any changes need to be made, please make them now by using the navigation links above or the "Previous" button below. Do not use your browser's navigation buttons. Once the EFT has been submitted, no more changes can be made.
- [Preview EFT Request](#)

This preview is a draft PDF version of the EFT request and must not be used to submit the EFT request via mail or fax. Once the EFT request is submitted, a version will be available for you to save or print for your records.

- Select "Submit" to submit the EFT request.

*Summary Page*

25. To preview your request, click **Preview EFT Request**.

A draft Portable Document Format (PDF) version of your EFT request(s) will be displayed in a separate window. Each agreement consists of two pages. (Multiple EFT requests will be displayed in one PDF.)

<p style="font-size: small;">DEPARTMENT OF HEALTH SERVICES Division of Health Care Access and Accountability F-1346B (05/09)</p> <p style="text-align: right; font-size: small;">STATE OF WISCONSIN</p> <p style="text-align: center;"><b>FORWARDHEALTH</b></p> <p style="text-align: center;"><b>DIRECT DEPOSIT AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT) REQUEST</b></p> <p style="font-size: x-small;">Instructions: Type or print clearly. Before completing this form, read the Direct Deposit Authorization for Electronic Funds Transfer (EFT) Request Completion Instructions, F-1346BA.</p> <p><b>SECTION I — REASON FOR REQUEST</b></p> <p> <input checked="" type="checkbox"/> New EFT Enrollment  <input type="checkbox"/> Revision to existing EFT Enrollment  <input type="checkbox"/> EFT Termination Request         </p> <p><b>SECTION II — PROVIDER LOCATIONS / CERTIFICATIONS IMPACTED</b></p> <p style="font-size: x-small;">For Health Care Providers</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>NPI or Provider ID</th> <th>Name</th> <th>Address</th> <th>City</th> <th>State</th> <th>ZIP Code</th> <th>Taxonomy Code</th> <th>Payer (MA, WWWP, WOOD)</th> <th>SSN or EIN</th> </tr> </thead> <tbody> <tr> <td>0000000001</td> <td></td> <td></td> <td></td> <td></td> <td>53818</td> <td>100N00000X</td> <td>MA</td> <td>123456789</td> </tr> </tbody> </table> <p style="font-size: x-small;">* A National Provider Identifier (NPI) is required for all health care providers. Non-healthcare providers may enter their Medicaid Provider ID.</p> <p><b>SECTION III — PAY TO ADDRESS ON FILE FOR LOCATIONS / CERTIFICATIONS LISTED ABOVE (Must be the Same Address for All Locations)</b></p> <p>Name — Business or Individual <b>COUNTY OF NELSON</b></p> <p>Address — Business or Individual (Street, City, State, ZIP Code) <b>900 NELSON AVE PLATTEVILLE, WI 53818</b></p> <p><b>SECTION IV — CONTACT INFORMATION FOR EFT NOTIFICATION</b></p> <p>Name — Contact Person <b>JANE DOE</b></p> <p>Telephone Number — Contact Person <b>(920) 123-4567</b></p> <p>Ext. 1111</p> <p>E-mail Address — Contact Person <b>jane.doe@abc.com</b></p> <p>Fax Number — Contact Person <b>(608) 111-2345</b></p> <p><b>SECTION V — FINANCIAL INSTITUTION INFORMATION</b></p> <p>Name — Financial Institution <b>GENERAL BANK GREEN BAY, N.A.</b></p> <p>Address — Financial Institution (Street, City, State, ZIP Code) <b>, GREEN BAY, WI</b></p> <p>Type of Account  <input checked="" type="checkbox"/> Checking  <input type="checkbox"/> Other (specify):         </p> <p>Business or Personal Account  <input checked="" type="checkbox"/> Business  <input type="checkbox"/> Personal         </p> <p>Contact Name — Financial Institution Telephone Number — Financial Institution</p> <p>ABA Routing Number (Nine Digits) <b>075000057</b></p> <p>Customer Account Number <b>12345678912111213</b></p> <p><b>SECTION VI — ACCOUNT HOLDER INFORMATION</b></p> <p>Name — Account Holder <b>IMIN CHARGE</b></p> <p>Telephone Number — Account Holder <b>(608) 555-1212 Ext. 1</b></p> <p>Address — Account Holder (Street, City, State, ZIP Code) <b>123 VP LANE, MADISON, WI 53719-1234</b></p> <p style="text-align: right; color: red; font-weight: bold; font-size: large;">-DRAFT-</p>	NPI or Provider ID	Name	Address	City	State	ZIP Code	Taxonomy Code	Payer (MA, WWWP, WOOD)	SSN or EIN	0000000001					53818	100N00000X	MA	123456789	<p style="font-size: x-small;">DIRECT DEPOSIT AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT) REQUEST F-1346B (05/09) <span style="float: right;">Page 2 of 2</span></p> <p><b>SECTION VII — AUTHORIZATION TO MAKE ELECTRONIC FUND PAYMENTS</b></p> <p style="font-size: x-small;">On behalf of the health care provider identified above, by my signature below I hereby represent as follows:</p> <ol style="list-style-type: none"> <li>I authorize the Department of Health Services (DHS) to deposit, by electronic funds transfer, payments owed to the provider by the State of Wisconsin and, if necessary, initiate debit adjustments for any electronic deposits made in error to the account indicated above. I hereby authorize the financial institution/bank named above to credit and/or debit the same to such account.</li> <li>I acknowledge that funds deposited pursuant to this authorization are payments by the State of Wisconsin and are subject to the same laws, rules and policies as payments made in any other manner.</li> <li>I acknowledge that if the provider fails to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically. In the event that due to failure to provide complete or accurate information DHS deposits payments into an account over which the provider does not have control, I agree that DHS shall be held harmless for such payments.</li> <li>I hereby certify that the provider has control of the account referenced above, and that the financial institution and all arrangements between the financial institution and the provider are in compliance with all applicable federal and Automated Clearing House (ACH) regulations and instructions.</li> <li>I acknowledge that any information provided in this document constitutes a statement or representation of a material fact knowingly and willfully made or caused to be made for use in determining rights to payment within the meaning of S-48-48(1) and (4m), Wis. Stats., and that if any such information is false, criminal or other penalties may be imposed under those laws.</li> <li>I acknowledge that this authorization is effective as of the signature date below and will remain in full force and effect until the DHS has received written notification from an authorized representative of provider at least thirty (30) days in advance of its termination. The DHS will continue to send the direct deposit to the financial institution indicated above until notified in accordance with this paragraph by an authorized representative of provider that provider wishes to change the financial institution receiving the direct deposit. If provider's EFT information changes, provider agrees to submit to the DHS an updated EFT Authorization Agreement.</li> <li>I acknowledge that the requirements and obligations contained herein are in addition to any and all other requirements and obligations applicable to provider in connection with provider's participation in any program that is part of ForwardHealth, including but not limited to requirements and obligations set forth in federal and state statutes and rules and applicable provider handbooks and updates.</li> <li>I am an authorized representative of the provider with power to make all representations on provider's behalf contained herein.</li> </ol> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td colspan="2">SIGNATURE — Authorized Agent</td> <td colspan="2">Name — Authorized Agent (Printed)</td> </tr> <tr> <td colspan="2">Jane Doe</td> <td colspan="2">Jane Doe</td> </tr> <tr> <td colspan="2">Title</td> <td colspan="2">Date Signed</td> </tr> <tr> <td colspan="2">Finance Director</td> <td colspan="2">07/28/2011</td> </tr> <tr> <td colspan="2">SIGNATURE — Authorized Agent (optional)</td> <td colspan="2">Name — Authorized Agent (Printed)</td> </tr> <tr> <td colspan="2"> </td> <td colspan="2"> </td> </tr> <tr> <td colspan="2">Title</td> <td colspan="2">Date Signed</td> </tr> <tr> <td colspan="2"> </td> <td colspan="2"> </td> </tr> </table> <p style="font-size: x-small; margin-top: 10px;">Internal Use Only</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td>Audit - User Name</td> <td>Audit - User ID</td> </tr> <tr> <td>Test Provider</td> <td>PROVIUAT</td> </tr> <tr> <td>Audit - Date/Time</td> <td>Thursday, July 28, 2011 9:29:11 AM</td> </tr> </table> <p style="text-align: right; color: red; font-weight: bold; font-size: large;">-DRAFT-</p>	SIGNATURE — Authorized Agent		Name — Authorized Agent (Printed)		Jane Doe		Jane Doe		Title		Date Signed		Finance Director		07/28/2011		SIGNATURE — Authorized Agent (optional)		Name — Authorized Agent (Printed)						Title		Date Signed						Audit - User Name	Audit - User ID	Test Provider	PROVIUAT	Audit - Date/Time	Thursday, July 28, 2011 9:29:11 AM
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*Draft PDF Version of EFT Request*

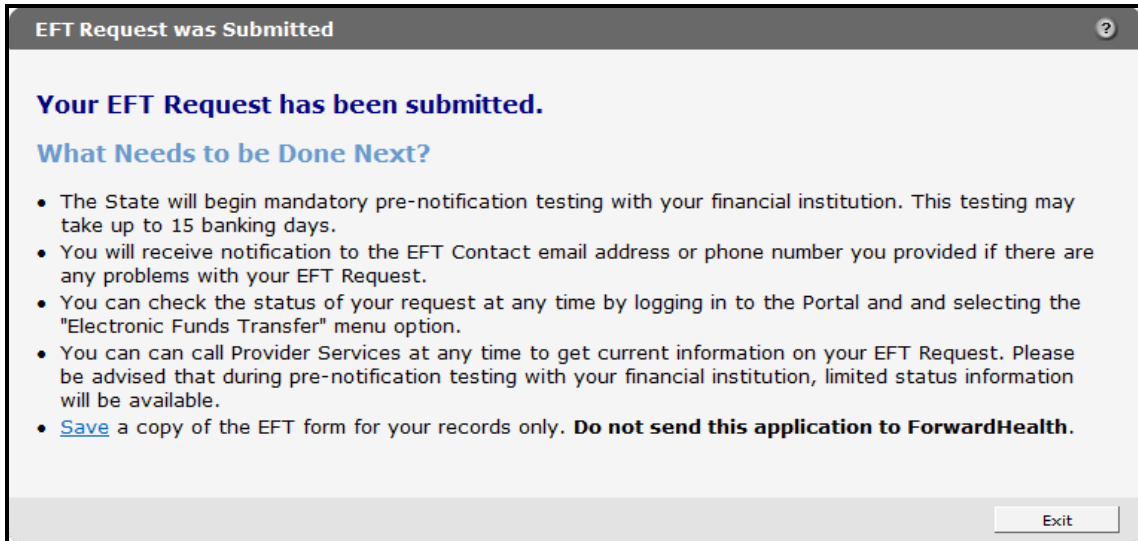
**Note:** Do *not* print and fax or mail these requests to ForwardHealth. ForwardHealth does not accept paper enrollments. The enrollment will be submitted when you click Submit on the Summary page.

26. Verify that the information displayed in the draft PDF version is accurate.

To make changes to an EFT request, click **Previous** until you return to the appropriate page. Change the necessary information.

27. Click **Submit** on the Summary page to submit the EFT enrollment request(s).

The EFT Request was Submitted page will be displayed.



*EFT Request Was Submitted Page*

The EFT Request was Submitted page confirms that your EFT request(s) was submitted successfully and describes next steps.

28. To save a copy of your EFT request(s) for your records, click **Save**.

A draft PDF version of your EFT request(s) will be displayed in a separate window.

29. Click **Exit**.

You will be redirected to the secure Provider page.

## 3 Check the Status of your Electronic Funds Transfer Enrollment

### 3.1 Access Electronic Funds Transfer Enrollment Status Information

1. Access the ForwardHealth Portal at <https://www.forwardhealth.wi.gov/>.
2. Log in to your secure Provider Portal account.
3. Click **Electronic Funds Transfer** located in the Home Page box on the right of the page.

The screenshot displays the ForwardHealth Provider Portal. At the top, there are navigation links for 'wiscnsin.gov home', 'state agencies', 'subject directory', and 'department of health services'. The main header features the 'ForwardHealth' logo and 'interChange Provider' text. A welcome message and the date 'July 27, 2011 2:32 PM' are shown, along with a 'Logout' link. A navigation menu includes 'Home', 'Search', 'Providers', 'Enrollment', 'Claims', 'Prior Authorization', 'Remittance Advices', 'Trade Files', and 'HealthCheck'. Below the menu, a search bar is present with the text 'You are logged in with NPI: 0000000002, Taxonomy Number: 100N00000X, Zip Code: 53818 - 1264, Financial Payer: Medicaid'. A 'What's New?' section features a magnifying glass icon and text about real-time applications. On the right, a 'Home Page' box lists links: 'Update User Account', 'Customize Home Page', 'Demographic Maintenance', and 'Electronic Funds Transfer', which is highlighted with a red rectangle.

*Electronic Funds Transfer Link*

The Introduction page will be displayed.

**Introduction** ?

Required fields are indicated with an asterisk (\*).

**For New EFT enrollments or Changes to Existing EFT Enrollments:**

You will need to have the following information available:

- The name and email address for the person in your organization that will serve as the contact for all EFT information.
- The financial institution's ABA routing number.
- The account number and the name on record with the bank/financial institution as the Account Holder for the account.
- The type of account (savings or checking, personal or business).

**Existing EFT Data**

- Any existing EFT information will be pre-populated based on the current organization you are logged in with.

**To Check the Status of Your EFT Enrollment:**

- Click "Next" below and a status screen will appear.

**User Guide**

- [View](#) the EFT user guide.

**EFT Processing Overview**

- [View](#) the EFT processing overview.

[Next](#) [Exit](#)

*Introduction Page*

4. Click **Next**.

The Electronic Funds Transfer Request page will be displayed.

**Electronic Funds Transfer Request** ?

Required fields are indicated with an asterisk (\*).

- [View](#) the EFT user guide.
- Select the organization(s) that you want to add/change the EFT information.
- Organizations that currently have a pending status can not be changed.
- To view the audit history of an organization, select the "View History" button from the list below.

**Organization List**

Provider ID	City	State	ZIP	ZIP + 4	Taxonomy	Provider Type	Payer	EFT Status	Add/Change
0000000001	LADYSMITH	WI	54848		000N00000X	Physician Group	Medicaid	No EFT on file	<input type="checkbox"/> View History
0000000002	PLATTEVILLE	WI	53818	1264	100N00000X	Hospital	Medicaid	No EFT on file	<input type="checkbox"/> View History
0000000003	COTTAGE GROVE	WI	53527		200N00000X	Pharmacy	Medicaid	Active	<input type="checkbox"/> View History
0000000004	MIDDLETON	WI	53562		300N00000X	Dentist	Medicaid	Active	<input type="checkbox"/> View History
0000000005	LADYSMITH	WI	54848		400N00000X	Physician Group	Medicaid	No EFT on file	<input type="checkbox"/> View History
0000000006	GREEN BAY	WI	54305		500N00000X	Hospital	Wisconsin Chronic Disease	No EFT on file	<input type="checkbox"/> View History

[Select All M](#)

**Audit History**

**Audit History**  
\*\*\* No rows found \*\*\*

[Previous](#) [Next](#) [Exit](#)

*Electronic Funds Transfer Request Page*

If you are an EFT clerk, this page will display all the service locations for which you are assigned the EFT role. Account administrators will see all of the service locations for the provider under which they are logged in.



The EFT Status column displays the current status of each service location.

### **3.1.1 Enrollment Statuses**

#### **Pending**

A *Pending* status indicates that ForwardHealth is preparing to initiate the required prenotification test transaction with the financial institution designated as your organization's ForwardHealth EFT settlement account.

#### **Prenotification**

A *Prenotification* status indicates that ForwardHealth has initiated the prenotification test transaction with the designated financial institution and is awaiting a response. Prenotification testing can take up to 15 banking days to complete. A *Prenotification* status also indicates that ForwardHealth has not received notification of any error in the EFT account set-up from the financial institution during the testing process to date.

#### **Active**

An *Active* status indicates that the required prenotification testing process has been completed without error. The next scheduled payment will be made by EFT and the payments directly deposited into the provider's EFT settlement account at the designated financial institution.

The EFT enrollment will remain in an *Active* status unless you change your enrollment information or the financial institution initiates a change in their ABA routing number or settlement account information.

#### **Failed**

A *Failed* status indicates that errors occurred during the required prenotification test process with the designated financial institution. If this occurs, ForwardHealth will work with the provider's financial institution to resolve the errors and generate a second prenotification test with the financial institution. When necessary, ForwardHealth will contact the EFT contact person identified on the EFT enrollment form for your organization to verify or correct information.

#### **Interrupt**

An *Interrupt* status is a temporary status that forces a paper check to be issued. Electronic funds transfers will only be placed in this status at the direction of ForwardHealth. The EFT account remains valid while the account is in an *Interrupt* status and can be placed back into an *Active* status to resume scheduling EFTs.

#### **No EFT on File**

A *No EFT on file* status indicates that an EFT request has not been submitted for a specific service location or that an EFT request has been canceled.

### 3.2 View History

To view the enrollment history for a specific service location, complete the following steps:

1. Click **View History** next to the specific service location.

The "Audit History" section will populate with any changes made to the EFT enrollment for the selected service location.

The screenshot displays the 'Electronic Funds Transfer Request' interface. At the top, it states 'Required fields are indicated with an asterisk (\*)'. Below this, there are instructions: 'View the EFT user guide.', 'Select the organization(s) that you want to add/change the EFT information.', 'Organizations that currently have a pending status can not be changed.', and 'To view the audit history of an organization, select the "View History" button from the list below.' The 'Organization List' section contains a table with columns: Provider ID, City, State, ZIP, ZIP + 4, Taxonomy, Provider Type, Payer, EFT Status, and Add/Change. The 'Add/Change' column includes a 'View History' button for each row. The 'Audit History' section below shows a table with columns: Date, Action, and Description of Action. The first entry in the Audit History table is dated 07/28/2011 and describes a change in the Business/Personal account indicator.

Provider ID	City	State	ZIP	ZIP + 4	Taxonomy	Provider Type	Payer	EFT Status	Add/Change
0000000001	LADYSMITH	WI	54848		000N00000X	Physician Group	Medicaid	No EFT on file	<input type="checkbox"/> View History
0000000002	PLATTEVILLE	WI	53818	1264	100N00000X	Hospital	Medicaid	No EFT on file	<input type="checkbox"/> View History
0000000003	COTTAGE GROVE	WI	53527		200N00000X	Pharmacy	Medicaid	Active	<input type="checkbox"/> View History
0000000004	MIDDLETON	WI	53562		300N00000X	Dentist	Medicaid	Active	<input type="checkbox"/> View History
0000000005	LADYSMITH	WI	54848		400N00000X	Physician Group	Medicaid	No EFT on file	<input type="checkbox"/> View History
0000000006	GREEN BAY	WI	54305		500N00000X	Hospital	Wisconsin Chronic Disease	No EFT on file	<input type="checkbox"/> View History

Date	Action	Description of Action
07/28/2011	Business/Personal account indicator changed	Business/Personal account indicator changed from Personal to Business

Electronic Funds Transfer Request Page

## 4 Update Information on an Active Electronic Funds Transfer

In order to change information for an EFT enrollment, the enrollment must be in an *Active* status. To update or change information for an active EFT enrollment, complete the following steps:

1. Access the ForwardHealth Portal at <https://www.forwardhealth.wi.gov/>.
2. Login to your secure Provider Portal account.
3. Click **Electronic Funds Transfer** located in the Home Page box on the right of the page.



*Electronic Funds Transfer Link*

The Introduction page will be displayed.

**Introduction** ?

Required fields are indicated with an asterisk (\*).

**For New EFT enrollments or Changes to Existing EFT Enrollments:**

You will need to have the following information available:

- The name and email address for the person in your organization that will serve as the contact for all EFT information.
- The financial institution's ABA routing number.
- The account number and the name on record with the bank/financial institution as the Account Holder for the account.
- The type of account (savings or checking, personal or business).

**Existing EFT Data**

- Any existing EFT information will be pre-populated based on the current organization you are logged in with.

**To Check the Status of Your EFT Enrollment:**

- Click "Next" below and a status screen will appear.

**User Guide**

- [View](#) the EFT user guide.

**EFT Processing Overview**

- [View](#) the EFT processing overview.

Next
Exit C

*Introduction Page*

4. Click **Next**.

The Electronic Funds Transfer Request page will be displayed.

**Electronic Funds Transfer Request** ?

Required fields are indicated with an asterisk (\*).

- [View](#) the EFT user guide.
- Select the organization(s) that you want to add/change the EFT information.
- Organizations that currently have a pending status can not be changed.
- To view the audit history of an organization, select the "View History" button from the list below.

**Organization List**

Provider ID	City	State	ZIP	ZIP + 4	Taxonomy	Provider Type	Payer	EFT Status	Add/Change
0000000001	LADYSMITH	WI	54848		000N00000X	Physician Group	Medicaid	No EFT on file	<input type="checkbox"/> View History
0000000002	PLATTEVILLE	WI	53818	1264	100N00000X	Hospital	Medicaid	No EFT on file	<input type="checkbox"/> View History
0000000003	COTTAGE GROVE	WI	53527		200N00000X	Pharmacy	Medicaid	Active	<input type="checkbox"/> View History
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0000000005	LADYSMITH	WI	54848		400N00000X	Physician Group	Medicaid	No EFT on file	<input type="checkbox"/> View History
0000000006	GREEN BAY	WI	54305		500N00000X	Hospital	Wisconsin Chronic Disease	No EFT on file	<input type="checkbox"/> View History

[Select All M](#)

**Audit History**

**Audit History**

\*\*\* No rows found \*\*\*

Previous
Next
Exit C

*Electronic Funds Transfer Request Page*

If you are an EFT clerk, this page will display all the service locations for which you are assigned the EFT role. Account administrators will see all of the service locations for the provider under which they are logged in.

5. Verify that the EFT account you wish to change is in an *Active* status.
6. Check the Add/Change box for each service location that you wish to modify. If all the service locations listed are to be modified, click **Select All** to check all the boxes.

*Note:* When more than one service location is selected, all the information revised in the succeeding pages will apply to all the service locations selected. If there is any difference in the EFT information used between service locations, including demographic information, e-mail addresses, ABA routing numbers, EFT settlement account numbers, and account types, the service locations must be revised separately.

7. Click **Next**.

The General Information page will be displayed.

**General Information** ?

Required fields are indicated with an asterisk (\*).

- [View](#) the EFT user guide.
- If you need to change the tax information below, you will need to complete the [Provider Change of Address or Status Form](#) and submit it through the mail.

**Pay To Address**

Name - Business or Individual

Street Address Line 1

Street Address Line 2

City

State/ZIP   -

**Contact Information**

Name - Contact Person\*

Primary E-mail Address\*

Telephone Number\*  Ext.

Fax Number

**Other EFT Contact Notification Addresses**

E-mail Address 1

E-mail Address 2

E-mail Address 3

E-mail Address 4

**Tax Identification Information**

Taxpayer Identification Number (TIN)

Name - FEIN/SSN

*General Information Page*

8. If you are not changing any information on this page, click **Next**.
  - To make any changes to the "Contact Information" or "Other EFT Contact Notification Addresses" sections, enter the changes in the appropriate fields.
  - Once the information has been entered, click **Next**.

The Financial Institution Information page will be displayed.

Financial Institution Information

Required fields are indicated with an asterisk (\*).

- [View](#) the EFT user guide.

**Search Criteria**

ABA Routing Number

Financial Institution Name

**Search Results**

ABA Number	Name	Address Line 1	City	State	ZIP	ZIP+4
070707070	GENERAL BANK GREEN BAY, N.A.		GREEN BAY	WI		

**Selected Financial Institution**

ABA Routing Number 070707070

Financial Institution Name GENERAL BANK GREEN BAY, N.A.

Address Line 1

Address Line 2

City GREEN BAY

State/ZIP WI  -

Telephone Number  Ext.

#### Financial Institution Information Page

9. If you are not changing any information on this page, click **Next**.
  - To change the financial institution receiving the EFT payment, enter the ABA routing number or name of the financial institution in the "Search Criteria" section and click **Search**.

A list of the available financial institutions matching your search criteria will be displayed in the "Search Results" section.
  - From the displayed list, click the financial institution whose information matches the ABA routing number, name, and address of the institution that your organization has an account with and that your organization wishes to designate as your new ForwardHealth EFT financial institution.

Information for the selected financial institution will be displayed in the "Selected Financial Institution" section.
  - Verify that the populated information is correct.
  - Click **Next**.

The Account Information page will be displayed.

**Account Information** ?

Required fields are indicated with an asterisk (\*).

- [View](#) the EFT user guide.

**Account Information**

Customer Account Number\* 1111111111

Type of Account\*  Checking  Savings

Business or Personal Account\*  Business  Personal

**Account Holder Information**

Name - Account Holder\* JANE DOE

Street Address Line 1\* 7 CHERRY TREE LANE

Street Address Line 2

City\* MADISON

State/ZIP\* WI 55555 -

Telephone Number\* (608)555-5555 Ext.

Previous Next Exit C

*Account Information Page*

10. If you are not changing any information on this page, click **Next**.

- If you have changed to another financial institution, enter the provider's account information in the appropriate fields.
- If you are revising information for the provider's current institution, make the necessary changes.
- Click **Next**.

The Authorization to Make Electronic Fund Payments page will be displayed.

### Authorization to Make Electronic Fund Payments

Required fields are indicated with an asterisk (\*).

- [View](#) the EFT user guide.

**Authorization**

On behalf of the health care provider identified above, by my signature below I hereby represent as follows:

1. I authorize the Department of Health Services (DHS) to deposit, by electronic funds transfer, payments owed to the provider by the State of Wisconsin and, if necessary, initiate debit adjustments for any electronic deposits made in error to the account indicated above. I hereby authorize the financial institution/bank named above to credit and/or debit the same to such account.
2. I acknowledge that funds deposited pursuant to this authorization are payments by the State of Wisconsin and are subject to the same laws, rules and policies as payments made in any other manner.
3. I acknowledge that if the provider fails to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically. In the event that due to failure to provide complete or accurate information DHS deposits payments into an account over which the provider does not have control, I agree that DHS shall be held harmless for such payments.
4. I hereby certify that the provider has control of the account referenced above, and that the financial institution and all arrangements between the financial institution and the provider are in compliance with all applicable federal and Automated Clearing House (ACH) regulations and instructions.
5. I acknowledge that any information provided in this document constitutes a statement or representation of a material fact knowingly and willfully made or caused to be made for use in determining rights to payment within the meaning of s.49.49(1) and (4m), Wis. Stats., and that if any such information is false, criminal or other penalties may be imposed under those laws.
6. I acknowledge that this authorization is effective as of the signature date below and will remain in full force and effect until the DHS has received written notification from an authorized representative of provider at least thirty (30) days in advance of its termination. The DHS will continue to send the direct deposit to the financial institution indicated above until notified in accordance with this paragraph by an authorized representative of provider that provider wishes to change the financial institution receiving the direct deposit. If provider's EFT information changes, provider agrees to submit to the DHS an updated EFT Authorization Agreement.
7. I acknowledge that the requirements and obligations contained herein are in addition to any and all other requirements and obligations applicable to provider in connection with provider's participation in any program that is part of ForwardHealth, including but not limited to requirements and obligations set forth in federal and state statutes and rules and applicable provider handbooks and updates.
8. I am an authorized representative of the provider with power to make all representations on provider's behalf contained herein.

I Agree to the statements above

SIGNATURE - Authorized Agent\*

Title\*

Date Signed\*

[Previous](#) [Next](#) [Exit](#)

### *Authorization to Make Electronic Fund Payments Page*

11. Read the Authorization statement.
12. Check the box next to "I Agree to the statements above."
13. Enter your signature, title, and the date.

---

**Note:** This is a legally binding agreement.

---

14. Click **Next**.  
The Summary page will be displayed.



**Summary**

- [View](#) the EFT user guide.
- The EFT request is ready to submit. If any changes need to be made, please make them now by using the navigation links above or the "Previous" button below. Do not use your browser's navigation buttons. Once the EFT has been submitted, no more changes can be made.
- [Preview EFT Request](#)

This preview is a draft PDF version of the EFT request and must not be used to submit the EFT request via mail or fax. Once the EFT request is submitted, a version will be available for you to save or print for your records.

- Select "Submit" to submit the EFT request.

*Summary Page*

15. To preview your request, click **Preview EFT Request**.

A draft PDF version of your EFT request(s) will be displayed in a separate window. Each agreement consists of two pages. (Multiple EFT requests will be displayed in one PDF.)

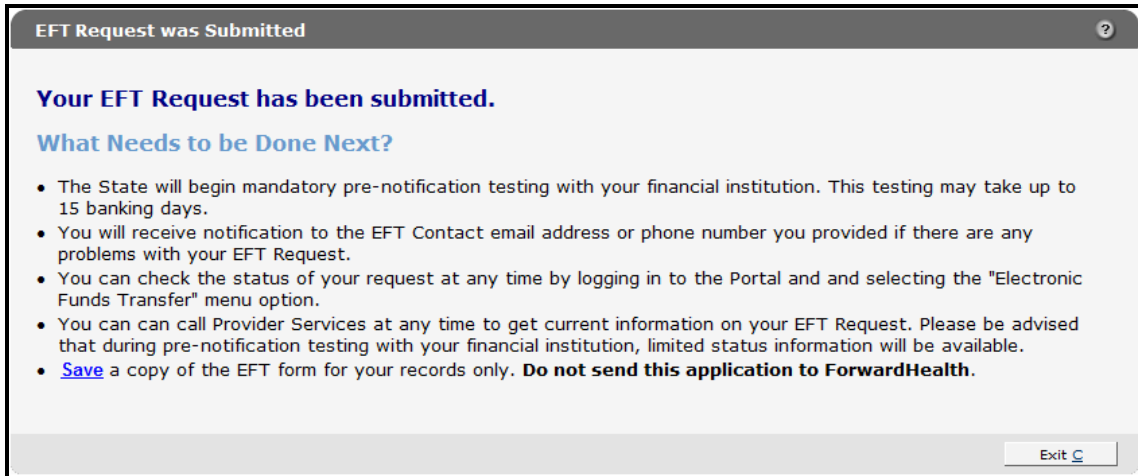
<p>DEPARTMENT OF HEALTH SERVICES Division of Health Care Access and Accountability F-1346B (05/09)</p> <p style="text-align: right;">STATE OF WISCONSIN</p> <p style="text-align: center;"><b>FORWARDHEALTH</b></p> <p style="text-align: center;"><b>DIRECT DEPOSIT AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT) REQUEST</b></p> <p><small>Instructions: Type or print clearly. Before completing this form, read the Direct Deposit Authorization for Electronic Funds Transfer (EFT) Request Completion Instructions, F-1346BA.</small></p> <p><b>SECTION I — REASON FOR REQUEST</b></p> <p><input checked="" type="checkbox"/> New EFT Enrollment  <input type="checkbox"/> Revision to existing EFT Enrollment  <input type="checkbox"/> EFT Termination Request</p> <p><b>SECTION II — PROVIDER LOCATIONS / CERTIFICATIONS IMPACTED</b></p> <p><small>For Health Care Providers</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NPI or Provider ID</th> <th>Name</th> <th>Address</th> <th>City</th> <th>State</th> <th>ZIP Code</th> <th>Taxonomy Code</th> <th>Payer (MA, WWWP, WOOD)</th> <th>SSN or EIN</th> </tr> </thead> <tbody> <tr> <td>0000000001</td> <td></td> <td></td> <td></td> <td></td> <td>53818</td> <td>100N000000X</td> <td>MA</td> <td>123456789</td> </tr> </tbody> </table> <p><small>* A National Provider Identifier (NPI) is required for all health care providers. Non-healthcare providers may enter their Medicaid Provider ID.</small></p> <p><b>SECTION III — PAY TO ADDRESS ON FILE FOR LOCATIONS / CERTIFICATIONS LISTED ABOVE (Must be the Same Address for All Locations)</b></p> <p>Name — Business or Individual  <b>COUNTY OF NELSON</b>  <small>Address — Business or Individual (Street, City, State, ZIP Code)</small>  <b>900 NELSON AVE PLATTEVILLE, WI 53818</b></p> <p><b>SECTION IV — CONTACT INFORMATION FOR EFT NOTIFICATION</b></p> <p>Name — Contact Person  <b>JANE DOE</b>  <small>Telephone Number — Contact Person</small> (920) 123-4567 <small>Ext.</small> 1111  <small>E-mail Address — Contact Person</small> jane.doe@abc.com  <small>Fax Number — Contact Person</small> (608) 111-2345</p> <p><b>SECTION V — FINANCIAL INSTITUTION INFORMATION</b></p> <p>Name — Financial Institution  <b>GENERAL BANK GREEN BAY, N.A.</b>  <small>Address — Financial Institution (Street, City, State, ZIP Code)</small>  <b>, GREEN BAY, WI</b></p> <p><small>Type of Account</small>  <input checked="" type="checkbox"/> Checking  <input type="checkbox"/> Other (specify):  <small>Business or Personal Account:</small>  <input checked="" type="checkbox"/> Business  <input type="checkbox"/> Personal</p> <p><small>Contact Name — Financial Institution</small>  <small>Telephone Number — Financial Institution</small></p> <p><small>ABA Routing Number (Nine Digits)</small>  <b>076000057</b>  <small>Customer Account Number</small>  <b>12345678912111213</b></p> <p><b>SECTION VI — ACCOUNT HOLDER INFORMATION</b></p> <p>Name — Account Holder  <b>IMIN CHARGE</b>  <small>Address — Account Holder (Street, City, State, ZIP Code)</small>  <b>123 VP LANE, MADISON, WI 53719-1234</b></p> <p style="text-align: right;"><b>-DRAFT-</b></p>	NPI or Provider ID	Name	Address	City	State	ZIP Code	Taxonomy Code	Payer (MA, WWWP, WOOD)	SSN or EIN	0000000001					53818	100N000000X	MA	123456789	<p style="text-align: right;">DIRECT DEPOSIT AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT) REQUEST F-1346B (05/09) <span style="float: right;">Page 2 of 2</span></p> <p><b>SECTION VII — AUTHORIZATION TO MAKE ELECTRONIC FUND PAYMENTS</b></p> <p><small>On behalf of the health care provider identified above, by my signature below I hereby represent as follows:</small></p> <ol style="list-style-type: none"> <li>I authorize the Department of Health Services (DHS) to deposit, by electronic funds transfer, payments owed to the provider by the State of Wisconsin and, if necessary, initiate debit adjustments for any electronic deposits made in error to the account indicated above. I hereby authorize the financial institution/bank named above to credit and/or debit the same to such account.</li> <li>I acknowledge that funds deposited pursuant to this authorization are payments by the State of Wisconsin and are subject to the same laws, rules and policies as payments made in any other manner.</li> <li>I acknowledge that if the provider fails to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically. In the event that due to failure to provide complete or accurate information DHS deposits payments into an account over which the provider does not have control, I agree that DHS shall be held harmless for such payments.</li> <li>I hereby certify that the provider has control of the account referenced above, and that the financial institution and all arrangements between the financial institution and the provider are in compliance with all applicable federal and Automated Clearing House (ACH) regulations and instructions.</li> <li>I acknowledge that any information provided in this document constitutes a statement or representation of a material fact knowingly and willfully made or caused to be made for use in determining rights to payment within the meaning of S-48-48(1) and (4m), Wis. Stats., and that if any such information is false, criminal or other penalties may be imposed under those laws.</li> <li>I acknowledge that this authorization is effective as of the signature date below and will remain in full force and effect until the DHS has received written notification from an authorized representative of provider at least thirty (30) days in advance of its termination. The DHS will continue to send the direct deposit to the financial institution indicated above until notified in accordance with this paragraph by an authorized representative of provider that provider wishes to change the financial institution receiving the direct deposit. If provider's EFT information changes, provider agrees to submit to the DHS an updated EFT Authorization Agreement.</li> <li>I acknowledge that the requirements and obligations contained herein are in addition to any and all other requirements and obligations applicable to provider in connection with provider's participation in any program that is part of ForwardHealth, including but not limited to requirements and obligations set forth in federal and state statutes and rules and applicable provider handbooks and updates.</li> <li>I am an authorized representative of the provider with power to make all representations on provider's behalf contained herein.</li> </ol> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><small>SIGNATURE — Authorized Agent</small> Jane Doe</td> <td><small>Name — Authorized Agent (Printed)</small> Jane Doe</td> </tr> <tr> <td><small>Title</small> Finance Director</td> <td><small>Date Signed</small> 07/28/2011</td> </tr> <tr> <td><small>SIGNATURE — Authorized Agent (optional)</small></td> <td><small>Name — Authorized Agent (Printed)</small></td> </tr> <tr> <td><small>Title</small></td> <td><small>Date Signed</small></td> </tr> </table> <p><small>Internal Use Only</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><small>Audit - User Name</small> Test Provider</td> <td><small>Audit - User ID</small> PROVIUAT</td> </tr> <tr> <td><small>Audit - Date/Time</small> Thursday, July 28, 2011 9:29:11 AM</td> <td></td> </tr> </table> <p style="text-align: right;"><b>-DRAFT-</b></p>	<small>SIGNATURE — Authorized Agent</small> Jane Doe	<small>Name — Authorized Agent (Printed)</small> Jane Doe	<small>Title</small> Finance Director	<small>Date Signed</small> 07/28/2011	<small>SIGNATURE — Authorized Agent (optional)</small>	<small>Name — Authorized Agent (Printed)</small>	<small>Title</small>	<small>Date Signed</small>	<small>Audit - User Name</small> Test Provider	<small>Audit - User ID</small> PROVIUAT	<small>Audit - Date/Time</small> Thursday, July 28, 2011 9:29:11 AM	
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<small>Audit - Date/Time</small> Thursday, July 28, 2011 9:29:11 AM																															

*Draft PDF Version of EFT Request*

Note: Do *not* print and fax or mail these requests to ForwardHealth. ForwardHealth does not accept paper enrollments. The enrollment will be submitted when you click Submit on the Summary page.

16. Verify that the information displayed in the draft PDF version is accurate.
  - To make changes to an EFT request, click **Previous** until you return to the appropriate page. Change the necessary information.
17. Click **Submit** on the Summary page to submit the EFT enrollment request(s).

The EFT Request was Submitted page will be displayed.



*EFT Request Was Submitted Page*

The EFT Request was Submitted page confirms that your EFT request(s) was submitted successfully and describes the next steps.

18. To save a copy of your EFT request(s) for your records, click **Save**.

A draft PDF version of your EFT request(s) will be displayed in a separate window.
19. Click **Exit**.

You will be redirected to the secure Provider page.

## **5 E-mail Notifications**

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An EFT contact will receive an e-mail notification in the following situations:

### **5.1 Change of E-mail Address**

When the e-mail address for an EFT contact is changed, an e-mail message is sent to the original address, alerting the contact that the address has been changed in ForwardHealth's records. The message also indicates that the EFT contact should alert the provider's account administrator immediately if the change was made in error.

The message contains the following contact information in order to verify the correct address was changed:

- Provider ID/National Provider Identifier (NPI).
- Taxonomy number (if applicable).
- ZIP code.
- Financial payer.

### **5.2 Change of Electronic Funds Transfer Bank Information**

When EFT bank information is changed, an e-mail message noting that the key EFT account information (such as financial institution, account number, account type, account holder's name) has been changed is sent to the provider's EFT contact. In addition, an e-mail message indicating that EFT information has been revised will be sent to the provider's account administrator's messaging account.