

INSTAMED ORDER FORM - PAYER PAYMENTS

Get paid faster and easier with ERA/EFT.

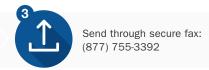


Instructions





Sign signature field(s)



Incomplete forms will not be accepted

SOLUTION DESCRIPTION

By registering for Payer Payments, you will receive payments from the payers listed at the following URL (www.instamed.com/providers/payer-list/) by electronic funds transfer (EFT) and claims information by electronic remittance advice (ERA). After you register for Payer Payments, you will no longer receive a paper check or paper explanation of payment (EOP) from the payers listed at the URL set forth in the prior sentence, which URL InstaMed may update from time to time to add or remove payers. To opt out of Payer Payments from one or more of the available payers, please contact InstaMed at (866) 945-7990 or connect@instamed.com.

CUSTOMER INFORMATION

Primary Contact		Billing Address		
Name (First/Last)		Customer Legal Name		
Title		Customer DBA Name (if d	lifferent)	
Phone		Street Line 1		
Email		Street Line 2		
		City	State	Zip
Number of Providers	Tax ID	Patient Accounting System	m	Version
Remittance Delivery				
•	•	secure Provider Portal. To receive Efforms for ERA, visit: www.instamed.		
your clearinghouse below. Fo	or a list of supported clearingh		com/eraclearingho	ouses.
Clearinghouse below. For Clearinghouse: NPIs Please give your Billing Providuse Service Provider NPI(s) for Clearinghouse	or a list of supported clearingh der NPI(s) and, if you use Service or claims billing, you do not need	nouses for ERA, visit: www.instamed.	com/eraclearinghoria SFTP (Secure Fi	lle Transfer Protocol) If your Practice does not ly list NPI(s) that should
Clearinghouse below. For Clearinghouse: NPIs Please give your Billing Providuse Service Provider NPI(s) for Clearinghouse	or a list of supported clearingh der NPI(s) and, if you use Service or claims billing, you do not need and payments routed to you. D	e Provider NPI(s) for claims billing, plead to list them. In order to avoid misdires	com/eraclearinghoria SFTP (Secure Finalson ase list them alsonected payments, on the secure of the s	lle Transfer Protocol) If your Practice does not ly list NPI(s) that should

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BANK ACC	OUNT INFORMATION			
Bank account inf	ormation is required for payer	payment deposits. A voide	ed check or bank letter is required.	
Bank Name		Routing Number	Account Number	
	JOHN SMITH 1234 MAIN ST PHILADELPHIA, PA 19103 PAY TO THE ORDER OF	ACH VOIDED	DOLLARS C Scriity	
	#:000123449#	143902040 "	1234	

AGREED AND ACCEPTED

By signing below, you agree to the terms of	of this Order Form and you confirm that	the other information that you have provided in the Order Form is true and
correct. You also agree to the Terms and G	Conditions set forth at <u>www.instamed.co</u>	m/im-online/InstaMed_Terms_and_Conditions.pdf or separately agreed to in writing
by you and InstaMed, which are integral to, ar	nd form a part of, this Order Form. The part	ies consent and agree that this Order Form may be electronically signed. The parties
agree the electronic signatures appearing on	this Order Form are the same as hand-writt	en signatures for purposes of validity, enforceability and admissibility.
Customer Legal Name		
Toy ID (
Tax ID (same as page 1)		
Signature	Date	
Driet Name		
Print Name		
Title		
TILLE		

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