InstaMed®
Healthcare Payments Simplified

INSTAMED ORDER FORM - PAYER PAYMENTS

Get paid faster and easier with ERA/EFT.

Complete Online
register.instamed.com/eraeft

Instructions

1 Review and complete entire form

2 Sign signature field(s)

3 Send through secure fax: (877) 755-3392

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

_____
Name (First/Last)

_____
Title

_____
Phone

_____
Email

_____
Number of Providers   Tax ID

Billing Address

_____
Customer Legal Name

_____
Customer DBA Name (if different)

_____
Street Line 1

_____
Street Line 2

_____
City   State   Zip

_____
Patient Accounting System   Version

Remittance Delivery

You will automatically receive ERAs through the InstaMed secure Provider Portal. To receive ERAs through your clearinghouse, please list your clearinghouse below. For a list of supported clearinghouses for ERA, visit: www.instamed.com/eraclearinghouses.

Clearinghouse: _____   ☐ Check this box to receive ERAs via SFTP (**Secure File Transfer Protocol**)

NPIs

Please give your Billing Provider NPI(s) and, if you use Service Provider NPI(s) for claims billing, please list them also. If your Practice does not use Service Provider NPI(s) for claims billing, you do not need to list them. In order to avoid misdirected payments, only list NPI(s) that should have ALL of their remittances and payments routed to you. Do not include NPI(s) that also do business under other healthcare providers.

Billing Provider NPI: _____   Billing Provider NPI: _____

Billing Provider NPI: _____   Billing Provider NPI: _____

Internal Initials: _____

InstaMed®
Healthcare Payments Simplified

INSTAMED ORDER FORM - PAYER PAYMENTS

BANK ACCOUNT INFORMATION

Bank account information is required for payer payment deposits. A voided check or bank letter is required.

Bank Name	Routing Number	Account Number

JOHN SMITH
1234 MAIN ST
PHILADELPHIA, PA 19103

1234

DATE

PAY TO THE
ORDER OF $

DOLLARS

Security
Features
Details on
back

ATTACH VOIDED CHECK HERE

Routing Number   Account Number

⑆000123449⑆   143902040⑈   1234

AGREED AND ACCEPTED

By signing below, you agree to the terms 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 Conditions set forth at *www.instamed.com/im-online/InstaMed_Terms_and_Conditions.pdf* or separately agreed to in writing by you and InstaMed, which are integral to, and form a part of, this Order Form. The parties 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-written signatures for purposes of validity, enforceability and admissibility.

Customer Legal Name

Tax ID (same as page 1)

Signature   Date

Print Name

Title

BANK ACCOUNT INFORMATION

AUTHORIZATION

Internal Initials: _____

CS-P-0405