

## **INSTAMED ORDER FORM - PAYER PAYMENTS**

# Get paid faster and easier with ERA/EFT.

### Instructions



Review and complete entire form



Sign signature field(s)



Send through secure fax: (877) 755-3392

**Complete Online** 

register.instamed.com/eraeft

## Incomplete forms will not be accepted

# DESCRIPTION

## **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**

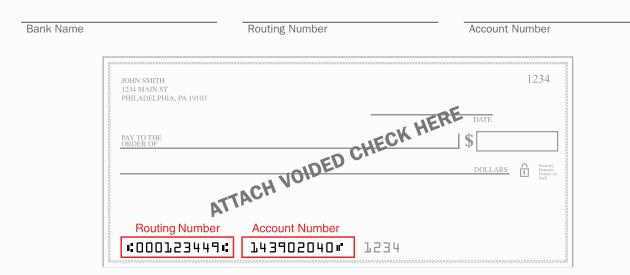
Primary Contact		Billing Address	Billing Address		
Name (First/Last)		Customer Legal Na	Customer Legal Name		
Title		Customer DBA Nam	ne (if different)		
Phone		Street Line 1			
Email		Street Line 2			
		City	State	Zip	
Number of Providers	Tax ID	Patient Accounting	System	Version	
		aMed secure Provider Portal. To rece aringhouses for ERA, visit: www.insta Check this box to receive E	med.com/eraclearingho	ouses.	
Pls					
Please give your Billing Provid Ise Service Provider NPI(s) fo	r claims billing, you do no	Service Provider NPI(s) for claims billin ot need to list them. In order to avoid n you. Do not include NPI(s) that also do	nisdirected payments, on	ly list NPI(s) that sho	
Billing Provider NPI:		Billing Provider NPI:			
Billing Provider NPI:		Billing Provider NPI:			
			Internal Initi	iolo:	

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## **BANK ACCOUNT INFORMATION**

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



## **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	

Internal Initials:

InstaMed

Title