



An Independent Licensee of the Blue Cross Blue Shield Association

Electronic funds transfer (EFT) enrollment/change process Provider instructions: Effective March 9, 2022

IMPORTANT! Before using the EFT enrollment form, please check to see if your group tax ID has already established an EFT arrangement with BCBSAZ to have all payments processed to the group. If so, payment for your claims will automatically be processed to your group's EFT account and you do not need to complete an EFT enrollment form.

Introduction

Blue Cross® Blue Shield® of Arizona (BCBSAZ) generally requires network providers to be enrolled in electronic funds transfer (EFT) for reimbursement. We are committed to making our process for EFT enrollment/changes as secure as possible. We work to help prevent EFT fraud and make it possible to track fraud attempts. Our increased security protects and builds greater trust with our provider partners.

Updated EFT enrollment process, effective March 9, 2022

1. To protect EFT accounts and payments, providers wishing to enroll in EFT with BCBSAZ or make EFT account changes must do so using the "Financial Manager" user role.
2. Your organization's account Administrator for the BCBSAZ secure provider portal (or someone with the "Office Manager" user role) can set up the Financial Manager user role for the designated person/people in your organization. Although we recommend assigning this role to one person per organization, large organizations that have multiple EFT setups with BCBSAZ may need to assign the Financial Manager user role to more than one person.
3. We use a secure digital EFT form to ensure a more protected process for providers to enroll in and make changes to their EFT account for electronic payments. Only portal users with the Financial Manager user role have access to the digital form.

How to find your account Administrator's name

To find your Administrator and/or someone with the Office Manager user role, go to your "My Account" page at "Practice Management > Account Management > My Account."

What if I am in process with BCBSAZ credentialing/contracting and need to set up my EFT enrollment?

After we have entered the information from your [contract request form](#) (or the [non-contracted provider information form](#)) into our claim database system, you can register for the secure provider portal and gain access to the digital EFT form. Your network participation welcome letter will include instructions for EFT enrollment.

EFT activation time

EFT enrollment/change activation may take up to 30 days. To check the status of your enrollment/change after 30 days, contact us at EFT@azblue.com.

How to enroll in or make changes to an EFT account

For added security, logging in to the Financial Manager user account requires authentication through a six-digit verification code sent to the user’s email address. After logging in, the Financial Manager user will see the following homepage, which includes the “START” button for access to the digital EFT form.

BlueCross BlueShield of Arizona | For providers My Account

Electronic Funds Transfer (EFT)

Authorization for Automatic Deposits Enrollment/Change Form

PLEASE NOTE

Before filling out this form, please check to see if your group has already established an EFT arrangement with BCBSAZ to have all payments processed to the group’s tax ID#. If so, payment for your claims will automatically be processed to your group’s bank account and you do not need to complete this form.

Activation may take up to 30 days

[Start](#)

[HIPAA Privacy](#) [Terms of Use](#) [Web Privacy](#) [Contact Us](#)

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The online form includes the following sections:

BlueCross BlueShield of Arizona | For providers My Account

Electronic Funds Transfer (EFT)

All fields required unless indicated

- Provider Information [Edit](#)
- Provider Identifiers Information [Edit](#)
- Provider Contact Information [Edit](#)
- Financial Institution Information [Edit](#)
- Submission Information [Edit](#)

[Submit](#) [Save & Close to Resume Later](#)

If you choose to save and close, your entries will be saved for up to 60 days (does not include attachments).

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All fields in one section must be completed before moving to the next section. Clicking the “Next” button at the end of a section automatically saves the user’s entries and allows them to be edited. If necessary, the user can close the form and submit it later (entries are saved for up to sixty days).

Instructions for completing the digital EFT form

Section 1: Provider Information

Enter the provider/organization's legal name and any other name commonly used (i.e., "Doing Business As" or DBA name).

Electronic Funds Transfer (EFT)

All fields required unless indicated

Provider Information

A legal term used in the United States meaning that the trade name, or fictitious business name, under which the business or operation is conducted and presented to the world is not the legal name of the legal person (or persons) who actually own it and are responsible for it.

Provider Name ⓘ

Doing Business As Name (DBA) ⓘ

Provider Address ⓘ

Street

City **State/Province** **ZIP Code/Postal Code**

Next

Section 2: Provider Identifiers Information

Enter the provider's tax ID number (TIN) and national provider identifier (NPI).

Provider Identifiers Information

Provider Federal Tax Identification (TIN) or Employer Identification Number (EIN) ⓘ

National Provider Identifier (NPI) ⓘ

Next

Section 3: Provider Contact Information

Enter the contact information for the person BCBSAZ should contact about EFT enrollment and account changes.

Provider Contact Information

Provider Contact Name ⓘ

Email Address

Telephone Number

Telephone Number Extension (optional)

Fax Number (optional)

Next

Section 4: Financial Institution Information

Enter the name and address of your financial institution, as well as your account routing number and your account number.

Financial Institution Information

Financial Institution Name ⓘ

Financial Institution Address ⓘ

Street

City **State/Province** **ZIP Code/Postal Code**

Financial Institution Routing Number ⓘ **Type of Account at Financial Institution** ⓘ

Provider's Account Number with Financial Institution ⓘ

Re-enter Account Number

Account Number Linkage to Provider Identifier ⓘ

National Provider Identifier (NPI)

Next

Section 5: Submission Information

Enter the reason for submitting the form. If the reason is for an account change, you must enter the old account number. Upload the required documentation (i.e., a voided check or bank letter).

You must contact your financial institution to arrange for secure delivery of the ACH payment-related information for all CCD+ EFT payments to enable re-association with electronic remittance advice (ERA).

Also required is the signature of the person authorized to make the EFT request on behalf of the provider, along with verification of the accuracy of the information submitted on the form.

Submission Information

Reason for Submission Change Enrollment	Old Account Number 000000000000	Conditional Field: Only appears when "Change Enrollment" is selected.
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Required: For all EFT enrollments, changes, or cancellations please attach a copy of a voided check or bank letter along with this form.

Included with Enrollment Submission

Voided Check Bank Letter

Attach supporting documents
(Accepted file types are PDFs and JPGs)

File name 00 X
File name 01 X

Attach File

Please note: Provider needs to contact their Financial Institution to arrange for secure delivery of the Automated Clearing House (ACH) Payment Related Information for all Corporate Credit or Debit with Addenda Record (CCD+) EFT payments to enable reassociation with Electronic Remittance Advice (ERA).

Authorized Signature

Name and Title

I am _____, and I verify that I am authorized to submit this EFT enrollment/change form on behalf of the provider named above.

I agree that by entering my name in the electronic signature field below, I am verifying my intention to sign this form, verifying the accuracy of the information provided and authorizing the EFT enrollment or changes indicated in this form.

I (we) authorize Blue Cross Blue Shield of Arizona (BCBSAZ), an independent licensee of the Blue Cross Blue Shield Association, to initiate credit entries to my (our) checking or savings account indicated above. In the event erroneous credits are posted to my (our) account. I authorize BCBSAZ or my (our) financial institution to initiate the necessary adjustment entries. I further agree if BCBSAZ or my (our) financial institution is unable to initiate the necessary adjustment entries, I (we) will return the erroneous monies to BCBSAZ upon demand. Furthermore, I authorize the financial institution listed below to accept such entries to the named account.

This authority is to remain in full force and effect until BCBSAZ receives written notification from me (us) of its termination in such time and manner as to afford BCBSAZ and the financial institution a reasonable opportunity to act on it.

Authorized [Electronic] Signature /s/ _____	Submission Date 10/13/2022
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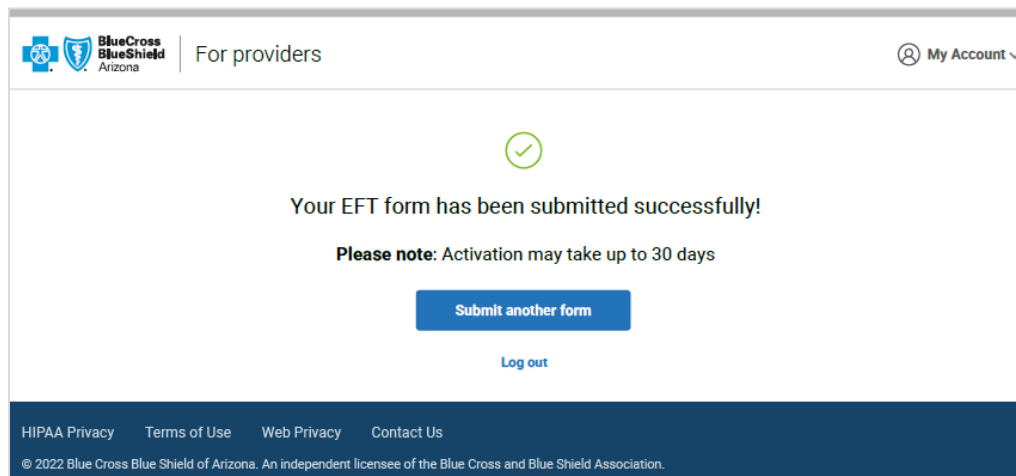
Requested EFT Start/Change/Cancel Date
MM/DD/YYYY

By checking this box, I am verifying that the information provided on this form is current and accurate

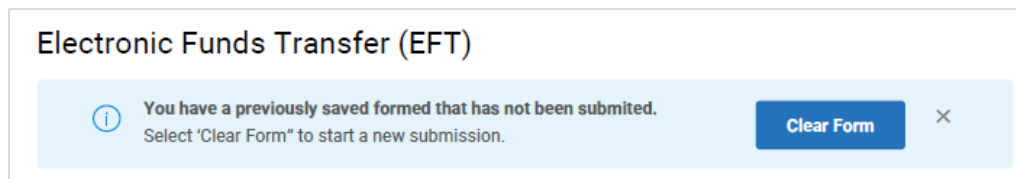
Next

Submit, or close and resume later

Upon completion of all required fields in the form, you will have the option to submit it right away or close the form and submit it later (all information will be saved for you except attachments).



If you choose to save and close, you will see this message the next time you log in:



How to set up and assign the Financial Manager user role

Setting up the Financial Manager user role is easy. Starting March 9, your account Administrator (or someone with the Office Manager user role) can set up the new role in their account by following these steps:

1. First, identify who is authorized to request EFT enrollment or updates for your organization.
2. Then, go to "Practice Management > Account Management > User Management" and click the blue "ADD NEW USER" button.
3. Follow the prompts to complete the "User Profile" and "User Login Information" sections. You can skip the "Provider Selection" section and go right to the "User Role" section to select the "Financial Manager" role.
4. Be sure to click the orange "ADD USER" button to complete the setup.
5. On the Office User Registration Summary page, click the orange "DONE" button to confirm the change and activate the role.

Upon completion, the new user account will be available for use immediately.

Questions?

If you have questions about the new EFT process, see our [provider FAQs](#) or contact the EFT team at EFT@azblue.com.

If you have questions about setting up the Financial Manager user role, contact our eSolutions team at eSolutions@azblue.com.