



Electronic Funds Transmission Authorization Form

I hereby authorize Virginia Premier Health Plan, Inc. (hereinafter "VPHP") to deposit any information owed me by initiating: credit entries to my account at the financial institution (hereinafter "Bank") indicated on the attached form. Further, I authorize Bank to accept and to credit any credit entries indicated by VPHP to my account. In the event that VPHP deposits funds erroneously into my account, I authorize VPHP to debit in my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until VPHP and Bank have received written notice from me of its termination in such time and in such manner as to afford VPHP and Bank reasonable opportunity to act on it.

Provider Name

Provider Tax Identification Number

Name of person authorized to sign for the company

Date

Signature of the person authorized to sign for the company



Electronic Funds Transmission Set-up Form

Instructions: Please fill out the below form only for initial EFT set-up. Please attach a voided check for each checking account and/or a deposit slip for each savings account designated below and return to the following:

Virginia Premier Health Plan,
Inc. Attn: Isidore Garza
P. O. Box 5307
Richmond, VA 23220-0307
(804) 819-5151 ext. 5430
igarza@vapremier.com

Bank Name

Routing #

Bank Account #

Checking _____

Savings _____

Email address

Note:

The email address section is mandatory. This feature will allow you to receive immediate notice as to when your payments were forward to the bank for application to your account. Also, having the email address will let you know all the claims that were paid and the amount paid on them. We highly recommend that you use this otherwise you will have to check with your bank to see when payment was sent to your account.