

Dear Provider,

As part of our ongoing commitment to improve efficiency and make it easier to do business with AMA Insurance, we're pleased to offer electronic payment and remittance to you through our business partner, ECHO Health, Inc. We know that quicker reimbursement and more efficient payment reconciliation are a high priority for health care providers, so we're excited to begin offering a new electronic process that serves as an additional avenue for you to receive payments.

Sign-up for electronic funds transfer (EFT) payment via Automated Clearing House (ACH) today!

Special Notice to Electronic Funds Transfer enrollees:

Starting today, you can choose EFT as your preferred method of payment on the website below. This payment method offers electronic funds transfers (EFT) via Automated Clearing House (ACH) and electronic explanations of payment. By enrolling, you'll have immediate webbased access to search, view, print and download Electronic Remittance Advice (ERA) from many payers across the country. A PDF viewable version of the Remittance Advice is also available.

To sign up for EFT, please go to the webpage address below and follow the instructions shown on the ECHO Healthcare Payment Systems site.

http://view.echohealthinc.com/EFTERADirect/AMA/index.html

You can also register for EFT/ERA by completing the enrollment form below (pages 3-5 of this document) and submitting the form to ECHO Health.

Please note: This EFT/ERA registration will apply to AMA Insurance payments only. The enrollment processing time is 3-5 business days.

If you choose not to enroll for EFT, paper checks will continue to be mailed to you.

Sincerely, AMA Insurance



EFT (Electronic Funds Transfer) and ERA (Electronic Remittance Advice) Enrollment Form

INSTRUCTIONS

- » This is a fillable form. Information can be typed into the form on your screen, or print the form and fill in the information.
- » Complete all sections that apply to your enrollment choice (EFT, ERA, or both EFT and ERA).
- » Enrollments are handled at the TAX ID level. All NPIs associated with the specified TIN will be automatically enrolled.
- » If your TAX ID would like to receive payments via more than one bank account, please contact EDI@EchoHealthinc.com.
- » E-sign, or print and manually sign form. Mail, fax or email (secure email is recommended) your completed enrollment form to ECHO Health, Inc.
- » For information about the status of your enrollment, or for any other questions, please contact ECHO at 440-835-3511 or EDI@EchoHealthinc.com.

(Complete legal name of institution, corporate entity, practice or individual provider) Street: (The number and street name where a person or organization can be found) City: State/ Province: (ISO-3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.) 3-Provider Identifiers Information Provider Identification Number (TIN) or Employer Identification Number (EIN): (A Federal Tax Identification Number, also known as an Employer Identification Number [EIN], is used to identify a business entity) Does provider have a National Provider Identifier (NPI): (A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use NPIs in the administrative numbers of onot carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI in numbers to an other carry organization in the Islandard. The NPI is organization in the Islandard in the Islandard and inancial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means tha numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI numbers are such as the state in which they live or their medical specialty. The NPI numbers are such as the state in which they live or their medical specialty. The NPI numbers are such as the state in which they live or their medical specialty. The NPI numbers are such as the state in which they live or their medical specialty. The NPI numbers are such as the state in which they live or their medical specialty. The NPI numbers are such as the state in which they live or their medical specialty. The NPI numbers are such as the state in which they live or their medical specialty. The NPI numbers are			(Plea	ase specify only	y one Payer per form)
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ECHO Health, Inc. || 868 Corporate Way || Westlake, Ohio 44145 || Phone: 440-835-3511 || Fax: 440-835-5656 || www.EchoHealthInc.com

4-Provider Contact Information					
Provider Contact Name:					
(Name of contact in provider office for handling EFT issues)					
Telephone Number: E-mail Address:					
(Associated with contact person) (An electronic mail address at which the health plan might contact the provider)					
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4A-Provider Contact Information					
Provider Contact Name:					
(Name of contact in provider office for handling ERA issues)					
Telephone Number: E-mail Address:					
(Associated with contact person) (An electronic mail address at which the health plan might contact the provider)					
5-Provider Agent Information (If Applicable)					
Provider Agent Name:					
(Name of provider's authorized agent)					
Provider Agent Contact Name:					
(Name of contact in agent office for handling EFT issues)					
Telephone Number: E-mail Address:					
(Associated with contact person) (An electronic mail address at which the health plan might contact the provider)					
5A-Provider Agent Information (If Applicable)					
Provider Agent Name:					
(Name of provider's authorized agent)					
Provider Agent Contact Name:					
(Name of contact in agent office for handling ERA issues)					
Telephone Number: E-mail Address:					
(Associated with contact person) (An electronic mail address at which the health plan might contact the provider agent)					
6-Financial Institution Information					
6-Financial institution information					
Financial Institution Name:					
(Official name of the provider's financial institution)					
Financial Institution Routing Number:					
(A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited)					
Type of Account at Financial Institution:					
(The type of account the provider will use to receive EFT payment, e.g., Checking, Saving)					
Provider's Account Number with Financial Institution:					
(Provider's account number at the financial institution to which EFT payments are to be deposited)					
Account Number Linkage to Provider Identifier. Select one option below.					
(Provider preference for grouping [bulking] claim payments – must match preference for v5010 X12 835 advice)					
Provider Tax Identification Number (TIN) National Provider Identifier (NPI)					
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EFT-ERA Fillable - r4D-3A ECHO Page 2 of 3

7-Electronic Remittance Advice Information					
Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) (Provider preference for grouping [bulking] claim payment remittance advice – must match preference for EFT payment)					
Does provider have a National Provider Identifier (NPI) Number? Yes No					
Provider Tax Identification Number (TIN):					
(Required if NPI is not applicable)					
National Provider Identifier (NPI):					
(Required if TIN is not applicable)					
Method of Retrieval:					
(The method in which the provider will receive the ERA from the health plan [e.g., download from health plan website, clearinghouse, etc.])					
8-Electronic Remittance Advice Clearinghouse Information					
Clearinghouse Name:					
(Official name of provider's clearinghouse)					
Clearinghouse Contact Name:					
(Name of a contact in the clearinghouse office for handling ERA issues)					
Clearinghouse Telephone Number:					
(Telephone number of contact)					
Clearinghouse E-mail Address:					
(An electronic mail address at which the health plan might contact the provider's clearinghouse)					
9-Electronic Remittance Advice Vendor Information					
Vandan Namas					
Vendor Name: (Official name of provider's vendor)					
Vendor Contact Name:					
(Name of a contact in vendor office for handing ERA issues)					
Vendor Telephone Number:					
(Telephone number of contact)					
Vendor Email Address:					
(An electronic mail address at which the health plan might contact the provider's vendor)					
10-Submission Information					
Reason for Submission: New Enrollment Change Enrollment Cancel Enrollment					
Printed Name of Person Submitting Enrollment:					
(The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment)					
Submission Date (CCYYMMDD):					
(The date on which the enrollment is submitted)					
Authorized Signature (The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment). Please sign electronically OR write signature in.					
Electronic Signature of Person Submitting Enrollment:					
OR					
Written Signature of Person Submitting Enrollment:					
(A [usually cursive] rendering of a name unique to a particular person used as confirmation of authorization and identity)					
Mail, fax or e-mail completed form (secure e-mail is recommended) to ECHO Health, Inc. If by email send to: EDI@EchoHealthinc.com.					

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