

## Explanation of Direct Deposit Authorization form fields

<b>PROVIDER INFORMATION</b>			
Provider Name <i>(Complete legal name of institution, corporate entity, practice or individual provider)</i>			
Provider Address <i>(Payment)</i>			
Street/PO Box <span style="float: right;">1</span>	City <span style="float: right;">2</span>	State <span style="float: right;">3</span>	Zip Code/Postal Code <span style="float: right;">4</span>
<b>PROVIDER IDENTIFIERS</b>			
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): <span style="float: right;">5</span>			
National Provider Identifier <i>(Type 2/Business NPI if applicable)</i> : <span style="float: right;">6</span>			
<b>PROVIDER CONTACT INFORMATION</b>			
Provider Contact Name: <span style="float: right;">7</span>			
Telephone Number: <span style="float: right;">8</span>		Fax Number: <span style="float: right;">9</span>	
Email Address: <span style="float: right;">10</span>			
<b>FINANCIAL INSTITUTION INFORMATION</b>			
Financial Institution Name: <span style="float: right;">11</span>			
Financial Institution Address:			
Street <span style="float: right;">12</span>	City <span style="float: right;">13</span>	State <span style="float: right;">14</span>	Zip Code/Postal Code <span style="float: right;">15</span>
Financial Institution Telephone Number: <span style="float: right;">16</span>		Type of Account at Financial Institution: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <span style="float: right;">17</span>	
Financial Institution Routing Number: <span style="float: right;">18</span>		Provider's Account Number with Financial Institution: <span style="float: right;">19</span>	
Account Number Linkage with Provider Identifier: <i>(select one)</i> <span style="float: right;">20</span>			
<input type="checkbox"/> Provider Tax Identification Number (TIN)		<input type="checkbox"/> National Provider Identifier (NPI) Type 2 (Business)	
<b>SUBMISSION INFORMATION</b>			
Reason for Submission:			
<input type="checkbox"/> New Enrollment		<input type="checkbox"/> Change Enrollment <input type="checkbox"/> Cancel Enrollment	
Authorized Signature: <span style="float: right;">21</span>			
I hereby authorize Delta Dental of Washington to deposit funds for claim payments directly into the Financial Institution account listed above. This authority will remain in force and effective until I provide written notice to Delta Dental of Washington.			
Submission Date: <span style="float: right;">22</span>			
Requested EFT Start/Change/Cancel Date: <i>(must be future date)</i> <span style="float: right;">23</span>			

1. Street: The number and street name where a person or organization can be found
2. City: City associated with provider address field
3. State/Province: Character Code associated with the State/Province/Region of the applicable Country
4. ZIP Code/Postal Code: System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities
5. Provider Federal Tax 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
6. National Provider Identifier (NPI): A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.
7. Provider Contact Name: Name of a contact in provider office for handling EFT issues
8. Telephone Number: Associated with contact person
9. Fax Number: A number at which the provider can be sent facsimiles
10. Email Address: An electronic mail address at which the health plan might contact the provider
11. Financial Institution Name: Official name of the provider's financial institution
12. Street: Street address associated with receiving depository financial institution name field
13. City: City associated with receiving depository financial institution address field
14. State/Province: ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country
15. ZIP Code/Postal Code: System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities
16. Telephone Number: A contact telephone number at the provider's bank.
17. Type of Account at Financial Institution: The type of account the provider will use to receive EFT payments, e.g., Checking, Saving
18. 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
19. Provider's Account Number with Financial Institution: Provider's account number at the financial institution to which EFT payments are to be deposited
20. Account Number Linkage to Provider Identifier: Provider preference for grouping (bulking) claim payments – must match preference for v5010 X12 835 remittance advice
21. 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.
22. Submission Date: The date on which the enrollment is submitted
23. Requested EFT Start/Change/Cancel Date. The date on which the requested action is to begin