Florida Blue offers Electronic Funds Transfer (EFT) services for claim and capitation payments. EFT enables you to receive payments by direct deposit. Providers with multiple office locations can now have funds automatically routed and deposited into multiple bank accounts. EFT transactions are faster than transferring funds by check and available for all Florida Blue products.

To register for the EFT service either go online to [www.availity.com](http://www.availity.com) or complete the Electronic Funds Transfer form for each payment location and attach a voided check or bank letter. Online registrations require scanned PDF documents. Paper based registrations require original documents. If deposits for all payment locations are going to the same bank account you will only need to complete one registration (indicate NO on the online drop down box or ALL on the payment address line on the paper form).

If you are requesting direct deposit into multiple bank accounts, you will need to complete an online registration or paper form for each office location and associated bank account. If using the paper-based form please mail it to:

Florida Blue
Corporate Payables - DCC1-5
4800 Deerwood Campus Parkway
Jacksonville, FL 32246-8273

EFT registration takes approximately 24 hours from the date of receipt.

**Note:** Once Electronic Funds Transfer has been set up, providers must proactively contact their financial institution to arrange for delivery of data required to successfully re-associate the EFT payment with the Electronic Remittance Advice (ERA). The minimum data required from the bank for re-association is shown in the table below:

<table>
<thead>
<tr>
<th>CCD+ Record #</th>
<th>Field #</th>
<th>Field Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>9</td>
<td>Effective Entry Date</td>
</tr>
<tr>
<td>6</td>
<td>6</td>
<td>Amount</td>
</tr>
<tr>
<td>7</td>
<td>3</td>
<td>Payment Related Information</td>
</tr>
</tbody>
</table>

**Definitions**

**Provider Name** – complete Legal name of institution, corporate entity, practice or individual provider. Please use the billing provider, practice or entity name in this field.

**Provider Address** – street, city, state/province, zip code/postal code – Street number and name, city, state and zip code associated with the provider. Please use the billing provider, practice or entity address in these fields.

**Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)** – used to identify the business entity (billing provider).

**National Provider ID (NPI)** – unique identification number for covered healthcare providers. Please use the billing provider NPI in this field.

**Provider Contact Name** – name of a contact in the provider’s office for handling EFT issues.
Telephone Number – associated with the contact person.

Email address – electronic mail address at which the health plan might contact the provider.

Financial Institution – 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 – type of account used to receive EFT payments – Checking or Savings. Currently, Florida Blue can only deposit to Checking accounts.

Provider’s Account Number with Financial Institution – provider’s account number at the financial institution to which EFT payments are to be deposited.

Reason for Submission – new, change or cancel.

Voided Check – attached to provide confirmation of identification/account numbers.

Bank Letter – a letter on bank letterhead that formally certifies the account owners routing and account numbers.

Authorized Signature – signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. A written signature is required for paper-based enrollments and an electronic signature for online enrollments.

Submission Date – the date on which the enrollment is submitted.
**PROVIDER INFORMATION**

Provider Name:  
Provider Address: Street:  
City:  
State/Province:  
Zip Code/Postal Code:  

**PROVIDER IDENTIFIERS INFORMATION**

Provider Federal Tax Identification (TIN) or Employer Identification Number (EIN):  
National Provider Identifier (NPI):  
Provider Contact Name:  
Telephone Number: (_ __)  
Email Address:  

**FINANCIAL INSTITUTION INFORMATION**

Financial Institution Name:  
Financial Institution Routing Number:  
Type of Account at Financial Institution:  
Provider’s Account Number with Financial Institution:  

**SUBMISSION INFORMATION**

Reason for Submission:  

I hereby authorize Florida Blue, hereinafter called Company, to initiate credit entries and to initiate debit entries and adjustments (only in the case of a duplicate payment transmitted to the bank) for any credit entries to my account, which is
indicated above. I hereby authorize the depository named above, hereinafter called Financial Institution, to credit and/or debit the same to such account.

Authorized Signature: ________________________________

Submission Date: ________________________________