

# Electronic Funds Transfer (EFT)

Please fax back to (858) 260-5851  
Or email to [ProviderRelations@scrippshealth.org](mailto:ProviderRelations@scrippshealth.org)

Beneficiary Bank Name:	
Bank Address:	
Bank Contact Information:	
Routing/ABA #:	
Name on Account:	
Bank Account Number:	
Tax ID:	
Authorized Representative	
Print Name	
Title	
Signature	
Date	
Provider Contact Information to Verify EFT Payment	
Clearinghouse	<b>You <u>must</u> be set up with either of the following:</b> <input type="checkbox"/> Change Healthcare <input type="checkbox"/> Office Ally

**Please note that paper remittance advice documents will not be mailed when payment is via EFT.** Remittance advice documents will be transmitted the following ways ONLY:

1. To Change Healthcare/Office Ally; and/or
2. To the Scripps provider portal, also known as **Scripps Care Link**

How will you receive your remittance advice documents?

<input type="checkbox"/> Via Change Healthcare or Office Ally	
<input type="checkbox"/> Via Scripps Care Link	Do you currently have access to Scripps Care Link?
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
<input type="checkbox"/> I'm not sure and need to speak with someone <small>(also more information at <a href="http://www.scrippshealthplanservices.com">www.scrippshealthplanservices.com</a>)</small>	

\*\*\*SHPS INTERNAL USE ONLY\*\*\*

Provider Relations Specialist Name: \_\_\_\_\_

Epic External VEN ID: \_\_\_\_\_ Vendor Name: \_\_\_\_\_

SHPS Approval [PRINT NAME, SIGNATURE, DATE]: \_\_\_\_\_