

Instructions for Completing the Electronic Funds Transfer (EFT) Agreement Form

Information covered below must be followed when completing the form. The EFT Agreement Form will be returned if not completed accurately.

Wisconsin Physicians Service Health Insurance (WPS) EDI lines of business:

WPS offers EFTs for multiple lines of business. Arise Health Plan is a wholly owned subsidiary of WPS. WPS Health Insurance offers individual, family, high deductible, short-term and group plans. In addition to Arise and WPS Health Insurance, WPS also administers specific jurisdictions and regions of Medicare, TRICARE and VAPC3.

Enrollment for TRICARE for Life and TRICARE Overseas requires a separate agreement for each. **60 days after EFT has been initiated, you will no longer receive paper Explanation of Benefits.** TRICARE for Life providers must initiate 835 ERAs or register on TRICARE4u.com to access this information.

- TRICARE
 - TRICARE for Life
 - Overseas

By enrolling in any one of the following lines of business, you are also enrolling in all of the other listed lines of business below.

- VAPC3 – For help determining your VAPC3 Region, please refer to <http://www.nonvacare.va.gov/PC3/map.asp>
 - VAPC3 Region 3
 - VAPC3 Region 5A
 - VAPC3 Region 5B
 - VAPC3 Region 6
- Arise Health Plan
- WPS Health Insurance

WPS EDI does not process Medicare EFT Agreement Forms. Please contact the WPS Medicare Financial Reporting Department at 1-866-734-1522 to enroll for Medicare EFT.

DEG1: Provider Information – Required

- **Provider Name:** Enter the complete legal name of the institution, corporate entity, practice, or individual provider/supplier as reported to the Internal Revenue Service. If a physician is affiliated with a clinic, please place the Clinic name in the Provider name field. **DO NOT** put the physician's name. Only include the physician's name if he/she is the practice name or solo practitioner.
- **Provider Address:** The number and street name where a person or organization can be found.

DEG2: Provider Identifiers Information – Required

- **Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):** Enter nine digit TIN or EIN.
 - Only one TIN per form.
- **National Provider Identifier (NPI)** Enter provider's ten digit (**BILLING/GROUP**) NPI number.
 - Only one NPI per form.
 - If you do not have an NPI assigned, please disregard.
- **Assigning Authority** Enter one of the following lines of business from the drop down box.

TRICARE for Life
TRICARE Overseas

VAPC3 Region 3
VAPC3 Region 5A

VAPC3 Region 5B
VAPC3 Region 6

Arise Health Plan
WPS Health Insurance

DEG3: Provider Contact information – Required

This section is to provide the contact information for the provider only and is not to be used to provide information for any other entity.

DEG4: Provider Agent Information – Optional

DEG5: Federal Agency information – Optional – (Not Used by WPS)

DEG6: Retail Pharmacy Information – Optional – (Not Used by WPS)

DEG7: Financial Institution Information – Required

- **Financial Institution Name:** Enter name of bank or credit union.
- **Financial Institution Address:** Enter complete address and phone information.
- **Financial Institution Telephone Number:** Contact telephone number of provider's bank.
- **Financial Institution Routing Number:** Enter entire nine digit routing number.
- **Type of Account at Financial Institution:** Enter either checking or savings.
- **Provider's Account Number with Financial Institution:** Enter complete account number including leading zeroes.
- **Account Number Linkage to Provider Identifier: (Must enter TIN and/or (BILLING/GROUP) NPI Provider Tax Identification Number (TIN):** Enter nine digit TIN, also known as EIN.
 - Only one TIN per form.
 - To initiate EFT for all locations under this TIN, **do not enter an NPI below.**
- **National Provider Identifier (NPI):** Enter provider's ten digit **(BILLING/GROUP) NPI** number to initiate EFT for all locations under a specific NPI.
 - Only one NPI per form.

DEG8: Submission Information – Required

- **Reason for Submission:** Choose appropriate reason.
- **Include with Enrollment Submission:** If you are not submitting the online EFT enrollment, you must attach a voided check or a letter from your bank including the routing and account numbers indicated in DEG7 above.
- **Printed Name of Person Submitting Enrollment:** If you are submitting a paper enrollment, (any media; faxed, e-mailed, or mailed), the enrollment must have a written signature by the Authorized Representative. **We will not accept a typed, printed, or stamped signature.** The signature should be an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. This applies to both the electronic and paper-based manual enrollment.
- **Submission Date:** Date you submit the agreement to WPS.
- **Requested EFT Start/Change/Cancel Date:**
 - EFT request could take 15 to 30 days to process.
 - Requested date cannot be 30 days greater than the date of submission.