



ELECTRONIC TRANSACTION ENROLLMENT FORM

Please print clearly or type

Request Type: New EFT Optima Health Plan Change Existing EFT Cancel EFT
 Optima Behavioral Change Bank (include original voided ck) Cancel
 Change Clearinghouse

Practice, Provider Or Broker Name: _____

Address, City, State, Zip: _____

Vendor #(s) or Tax ID#(s): _____

Telephone # and Email Address (required for notification of deposits): _____

Signature of Office Manager or person authorized to make financial decisions for the practice:

Signature/Title: _____

Printed Name: _____

Are you a Broker? Yes No Broker ID# _____

Id of the person or agent who will access remits for all brokers _____

Are you a Billing Service submitting the 837 and receiving the 835 for the applying provider?

Yes No

PLEASE NOTE THAT BY CHOOSING TO RECEIVE YOUR PAYMENTS ELECTRONICALLY, REMITS WILL ALSO BE DELIVERED ELECTRONIALLY AND YOU MUST SELECT ONE OF THE OPTIONS BELOW. PAPER REMITS WILL CEASE.

How do you wish to receive your ERA's (Electronic Remittance Advice)?

Download or Print from http://www.optimahealth.com/optimahealth Login Id: _____
Or www.optimabehavioralhealth.com Login Id: _____

You must have a login id and password, if not submit a Provider Connection Form located at Provider Connection on either web site.

All brokers will receive their remits from the web.

835 file from my clearinghouse -name of clearinghouse: _____
Your clearinghouse must have a relationship with Optima's Clearinghouse of choice, Misys-Payerpath.

Pick up an 835 file directly from Optima through a secure ftp site.
An Optima Finance representative will contact you to discuss specifics.
Please mail completed form with an original voided check or a bank letter, if a new setup or changing bank, to:

Optima Health Plan, Attn: Cindy Hunt
4456 Corporation Lane, Suite 350
Virginia Beach, VA 23462