



ELECTRONIC TRANSACTION ENROLLMENT FORM

\*\*\*Please print clearly or type\*\*\*

Request Type: New  Optima Health Plan  Optima Behavioral Health Change  Change Bank (include original voided ck)  Change Clearinghouse  Change Other (please explain below)  Cancel

Practice Or Broker Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Optima Vendor # and Tax ID: \_\_\_\_\_

Telephone # and Email Address: \_\_\_\_\_

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# \_\_\_\_\_

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, YOU MUST SELECT ONE OF THE OPTIONS BELOW

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

Download or print from "Provider Connection" on [www.optimabehavioralhealth.com](http://www.optimabehavioralhealth.com) Login Id: \_\_\_\_\_

If you do not have a login ID and password, please register for "Provider Connection" on the provider page of the above website and your Network Educator will contact you.

835 file from my clearinghouse -name of clearinghouse: \_\_\_\_\_ They must be able to receive electronically from 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 to:

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