DESCRIPTION



INSTAMED ORDER FORM - PAYER PAYMENTS

Get paid faster and easier with ERA/EFT.



Instructions



Review and complete entire form



Sign signature field(s)



Send through secure fax: (877) 755-3392 **or mail**: PO Box 58790 Philadelphia, PA 19102

Incomplete forms will not be accepted

SOLUTION DESCRIPTION

By registering for Payer Payments, you will receive payments from the payers listed at the following URL (http://info.instamed.com/payer-payments-payer-list) by electronic funds transfer (EFT) and claims information by electronic remittance advice (ERA) After you register for Payer Payments, you will no longer receive a paper check or paper explanation of payment (EOP) from the payers listed at the URL set forth in the prior sentence, which URL InstaMed may update from time to time to add or remove payers. To opt out of Payer Payments from one or more of the available payers, please contact InstaMed at (866) 945-7990 or connect@instamed.com.

CUSTOMER INFORMATION

Primary Contact		Billing Address	Billing Address		
Name (First/Last)		Customer Legal Nam	Customer Legal Name		
Title		Customer DBA Name	Customer DBA Name (If different)		
Phone		Street Line 1	Street Line 1		
Email		Street Line 2			
		City	State	Zip	
Number of Providers	Tax ID	Patient Accounting S	ystem	Version	
Remittance Delivery					
•	•	ecure Provider Portal. To receivouses for ERA, visit: www.instan			
Clearinghouse: Chec		Check this box to receive ER	k this box to receive ERAs via SFTP (Secure File Transfer Protocol)		
NPIs					
use Service Provider NPI(s) for o	claims billing, you do not need	Provider NPI(s) for claims billing to list them. In order to avoid mi not include NPI(s) that also do	sdirected payments, onl	y list NPI(s) that should	
Billing Provider NPI: Bill		Billing Provider NPI:	ling Provider NPI:		
Billing Provider NPI:		Billing Provider NPI:			

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INSTAMED ORDER FORM - PAYER PAYMENTS

BANK ACCOUNT INFORMATION						
Bank account inf	ormation is required for payer payment deposits. A voided chec	k or bank letter is required.				
Bank Name	Routing Number	Account Number				
	JOHN SMITH 1234 MAIN ST PHILADELPHIA, PA 19103	1234				
	PHILADELPHIA, PA 19103 PAY TO THE ORDER OF PAYTACH VOIDED CHE	CK HERE DATE \$				
	ATTACH VOIDE	DOLLARS Security Control Posts				
	Routing Number Account Number 143902040 1 123	34				

AGREED AND ACCEPTED

correct. You also agree to the Terms and Conditions set	forth at www.instamed.com/im-online/te	ormation that you have provided in the Order Form is true and 'terms_and_conditions.html or separately agreed to in writing by you and hat this Order Form may be electronically signed. The parties agree the	
electronic signatures appearing on this Order Form are the sa	ame as hand-written signatures for purpos	oses of validity, enforceability and admissibility.	
Customer Legal Name		_	
Toy ID		_	
Tax ID (same as page 1)			
Signature	Date	_	
Print Name		_	
Title			

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