



## EFT Request Form

To enroll in, update, or cancel Electronic Funds Transfer (EFT) with NEMS, please complete and return this form along with a copy of a voided check or a letter from your bank providing confirmation of your account information, to NEMS Provider Network Operations by email or fax, at [Provider.Relations@nems.org](mailto:Provider.Relations@nems.org) or 415-233-4892.

**All the below fields are required to be completed.**

### **A. Vendor Information**

Vendor Name:			
Vendor Tax ID (TIN/EIN):		NPI(s):	
Remittance Address: (Street, City, State, Zip)			
Contact/Agent Name:			
Contact/Agent Phone #:			
E-Mail Address:			
Reason for Submission (please check only one)	<input type="checkbox"/> New Enrollment <input type="checkbox"/> Update Enrollment <input type="checkbox"/> Cancel Enrollment		

### **B. Banking Information**

Vendor's Bank Name:		
Bank Address: (Street, City, State, Zip)		
Bank Contact Name:		
Bank Contact Phone #:		
ABA Routing #:		
Bank Account #:		
Account Type (please check only one)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Account Number Linkage to Provider Identifier	<input type="checkbox"/> TIN/EIN <input type="checkbox"/> NPI(s)	
Previous Bank Account # (for Updating Enrollments only)		

### **C. Vendor's Authorization**

Sign below to confirm that you are authorizing NEMS to begin transferring payments electronically to the account mentioned above.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Your Privacy**

NEMS MSO is collecting your personal information on this form to authorize the setup of electronic funds transfer (EFT) between the banks of the provider and NEMS. Any personal information you provide to NEMS will be kept confidential and secure. You may ask to see what personal information (if any) NEMS MSO holds about you at any time and can seek correction if that information is wrong.

NEMS MSO will use your personal information provided on this form to authorize the setup of electronic funds transfer (EFT) between banks. Failure to provide requested information will result in delays or inability to setup.

NEMS MSO will not use any of your personal information for any other purpose or disclose your personal information to any other organizations or individuals, unless authorized or required by law.

## **Your Responsibility**

By enrolling in electronic funds transfer (EFT), vendor shall contact their financial institution to arrange for the delivery of reassociation information via ACH Cash Concentration or Disbursement plus addenda record (CCD+). It is the vendor's responsibility to notify NEMS MSO of any changes to the vendor's banking information.

## **Electronic Remittance Advice (ERA)/Explanation of Benefits (EOB)**

EOBs may be accessed 24/7 through the NEMS Provider Portal linked here: <https://eznet.nems.org/>. If you do not already have a NEMS Provider Portal account, you may request for one by contacting our Provider Network Operations team via email at [provider.relations@nems.org](mailto:provider.relations@nems.org). If you submit claims electronically to NEMS, ERAs may be obtained through your clearinghouse.