



Distribution: Pharmacy

Issued: February 17, 2006

Subject: Electronic Funds Transfer

Effective: February 24, 2006

Program Affected: Michigan Medicaid, Adult Benefits Waiver, Maternity Outpatient Medical Services, Children's Special Health Care Services.

First Health Services is working with the Michigan Department of Community Health to implement Electronic Funds Transfer (EFT) as an option for all enrolled pharmacy providers.

To initiate EFT, a provider must complete the Electronic Funds Transfer Authorization Form that is attached to this bulletin. It will take a minimum of 16 days after completion of this form before EFT payments will begin. Payments will be transferred to the provider's designated banking account every Monday and will be available in the provider's designated bank account within 24 to 48 hours. In the event that an EFT fails, First Health will reissue a paper check within 10 business days of the original settlement.

Corporate and multi-site providers must coordinate EFT registration with their central business office. Only one bank account can be used for EFT payments for corporate and multi-site providers.

The provider can contact the First Health Provider Relations Department at 804-965-7619:

- If he/she no longer wishes to receive EFT payments or
- Update name, address, financial institution and/or bank account information

For questions regarding this bulletin, contact First Health Services Provider Relations Department at 804-965-7619.



ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

INSTRUCTIONS: Carefully read and complete the entire authorization form. Mail the completed form to:
 First Health Services Corporation, Provider Relations Department
 4300 Cox Road
 Glen Allen, VA 23060, or fax to (804)- 965-7647.

TYPE OR PRINT THE FOLLOWING INFORMATION

BUSINESS NAME OF PHARMACY			
CONTACT PERSON			
STREET ADDRESS			
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER			
NAME OF FINANCIAL INSTITUTION			
ACCOUNT TYPE: (check the appropriate box)	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS	
ACCOUNT NUMBER * (up to 17 characters)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
ABA ROUTING NUMBER ** (9 DIGITS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

*At financial institution
 ** Contact your financial institution for the routing number, if not already known.

TYPE OF AUTHORIZATION (select only one)

NEW – Select if establishing Electronic Fund Transfer (EFT) payments. Allow a minimum of 16 days for the EFT to begin. **PLEASE ATTACH A VOIDED CHECK FROM THE ACCOUNT IN WHICH YOU WANT PAYMENTS DEPOSITED.**

CHANGE – Select if changing financial institution, account number, or type of account, etc. **DO NOT CLOSE YOUR OLD ACCOUNT UNTIL THIS CHANGE TAKES PLACE.** Allow a minimum of 16 days for the EFT change to become effective. **PLEASE ATTACH A VOIDED CHECK FOR THE ACCOUNT IN WHICH YOU WANT PAYMENTS DEPOSITED.**

CANCEL – Select if you want to cancel EFT payments. You may cancel this EFT authorization at any time. You may also cancel EFT by calling the First Health Provider Relations Department at 804-965-7619 as well. **IF YOU PLAN TO CLOSE YOUR BANK ACCOUNT, DO NOT DO SO UNTIL YOUR LAST PAYMENT HAS HIT YOUR ACCOUNT.** Allow a minimum of 16 days for the cancellation to take effect.

AUTHORIZATION

I authorize First Health Services and the State of Michigan to make deposits by electronic transfer from the designated financial institution and account identified above.

I authorize First Health to collect money that was deposited in my account in error by electronically adjusting my account. I understand I will be notified by First Health Services if adjustments are made.

It is my responsibility to complete a new Electronic Fund Transfer form and mail it to the address above if I change financial institutions or account numbers. If I am changing financial institutions or closing my account, I will not close my old account until final payments are successfully deposited into the new account.

If multiple account holders are required to authorize a deposit or withdrawal of funds, then all parties must sign this authorization form.

Print Name	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date

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Attach Voided Check Here

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