



INSTAMED FORM — CLAIM PAYMENT CARDS OPT OUT

 **Complete Online**
register.instamed.com/eraeft

Instructions



1 Review and complete entire



2 Sign signature



3 Send through
secure fax: _____

Complete this form to opt out the provider listed below from receiving Claim Payment Cards. InstaMed will deliver future payments via paper check.

PAYER PAYMENTS OVERVIEW

InstaMed works with health plans to deliver claim payments via electronic remittance advice (ERA) and electronic funds transfer (EFT). You can register to receive these claim payments directly deposited into your bank account at no cost to you!

ERA/EFT is a convenient, paperless and secure way to receive claim payments. Funds are deposited directly into your designated bank account and include the TRN Reassociation Trace Number, in accordance with CAQH CORE Phase III Operating Rules for HIPAA standard transactions.

You have multiple options to receive your ERAs. Upon registering for InstaMed, you will receive access to InstaMed Online, a free, secure portal that will allow you to access payment details 24/7 and view and print remittances. You also have the option to have ERAs routed to your existing clearinghouse. Please contact InstaMed at connect@instamed.com with any questions regarding enrollment.

REGISTER FOR FREE INSTAMED PAYER PAYMENTS, visit <https://register.instamed.com/eraeftmed> Additional benefits include:

- Accelerated access to funds with direct deposit into your existing bank account
- Reduced administrative costs by eliminating paper checks and remittances
- No disruption to your current workflow

I AM NOT INTERESTED IN FREE ERA/EFT AND WANT TO OPT OUT OF CLAIM PAYMENT CARDS

Please have a principal, officer or authorized signatory in your organization complete the information below and return to us by mail or by fax:

By Mail: PO Box 1935 Carmel IN 46082-1902 or

By Fax: (312) 396-5951

PLEASE PRINT LEGIBLY

AUTHORIZATION

By signing below, the provider identified elects to no longer receive Claim Payment Cards from health plans via the InstaMed Healthcare Payments Network.

Provider Name	Tax ID
NPI(s) (list all billing NPIs)	Payment Card Number(s)
Street Line 1	Street Line 2
City	State Zip
Print Name	Email Address
Signature	Date

Please use the space below to add any additional NPI numbers and/or Payment Card numbers associated with your request.
