

Instructional Overview

Electronic Funds Transfer (EFT) is a HIPAA-standard transaction from Blue Cross and Blue Shield of Oklahoma (BCBSOK) to the provider’s designated financial institution, which offers providers a secure method of claim payments. This alternative to receiving paper checks can help save you time and reduce the risk of lost or misrouted checks.

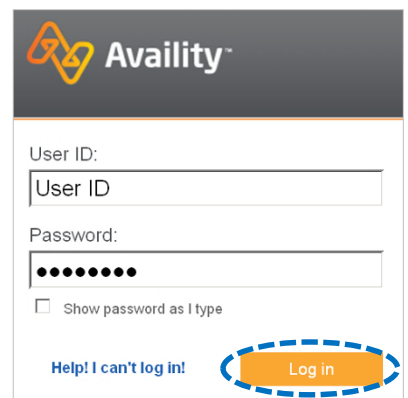
Listed below you will find detailed information as well as helpful hints to complete online EFT enrollment through Availity.

Federal Employee Program® (FEP®) Dental Providers: The EFT enrollment process for Federal Dental Blue supplement policies will continue to be administered by DNoA.

1) Getting Started

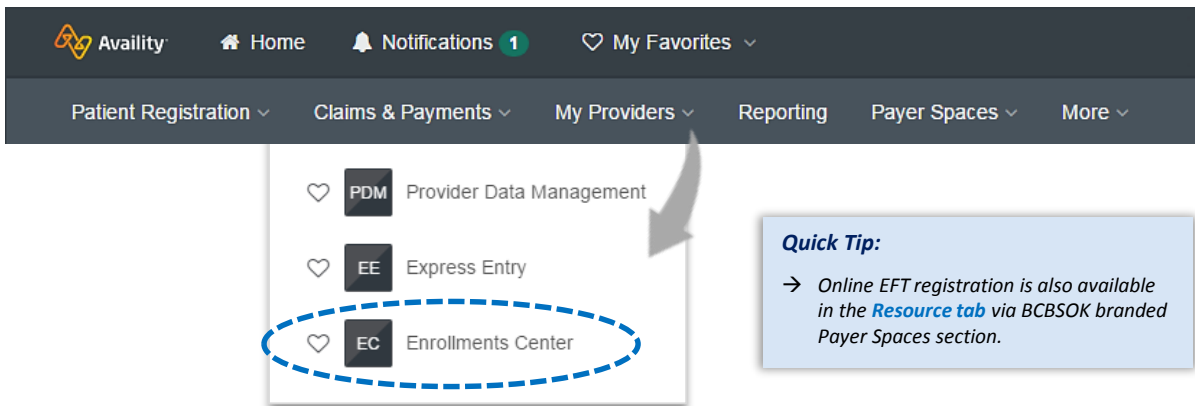
- ▶ Go to availity.com
- ▶ Select **Availity Portal Login**
- ▶ Enter User ID and Password
- ▶ Select **Log in** button

Note: Only registered users can access online EFT registration via Availity.



2) Accessing EFT Registration

- ▶ Select **My Providers** from the navigation menu
- ▶ Select **Enrollments Center** then click **EFT Registration (BlueCross BlueShield of Oklahoma)**



Note: Online EFT registration is only accessible to assigned Availity Administrators.

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3) Disclaimer

- ▶ Users will be re-directed from Availity to BCBSOK secure website to complete enrollment
- ▶ Review the disclaimer and select **I agree**

Disclaimer

You are about to re-directed to a third-party site away from Availity's secure site, which may require a separate log-in. Availity provides the link to this site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their content, or services. You will remain logged in to Availity.




4) Terms and Conditions

- ▶ Review the Terms and Conditions and select **I agree to the Terms and Conditions**
- ▶ Select **Next**

Electronic Funds Transfer (EFT) Authorization Agreement

	Terms	Select Location & Payment Cycle	Provider Information	Financial Institution Information	Submission Information	Review & Confirm	Finish
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Terms and Conditions

AGREEMENT AND AUTHORIZATION

1.1: Credits. Health Care Service Corporation, A Mutual Legal Reserve Company ("HCSC") agrees and the Provider herein ("Trading Partner") authorizes HCSC to satisfy its Payment Obligations by initiating fund transfers that result in payment to the Trading Partner by credit to the Trading Partner's account.

1.2: Debits. Neither HCSC nor Trading Partner ("Party") shall initiate a transaction in connection with a payment obligation for the purpose of debiting a bank account of the other Party, with the sole exception of transactions initiated by HCSC to reverse entries of previous fund transfers due to erroneous credits or debits.

1.3: Acknowledgement Regarding The Trading Partner Information. The Parties expressly acknowledge and agree that with respect to fund transfers pursuant to this EFT Agreement, HCSC and HCSC's bank are entitled to reasonably rely on the information provided by the Trading Partner regarding the Trading Partner's Bank and the Trading Partner's Third Party Service Provider and further that it is Trading Partner's responsibility to provide HCSC with accurate, complete and timely information including any changes to such information regarding its bank and Third Party Service Provider.

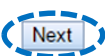
TIMING OF PAYMENTS

2.1: Timeliness.
Applicable to IL, NM, and OK:
 Except as otherwise prohibited under applicable state "prompt pay laws," relating to payment of health insurance claims, a payment from HCSC to the Trading Partner shall be considered timely with respect to any payment due date if the corresponding fund transfer is completed no later than three (3) days after such payment due date. If the fund transfer cannot be completed on such date because it falls on a weekend or a holiday, HCSC's payment is timely if the fund transfer is completed on the next day completion can occur.

Applicable to TX:
 Except as otherwise governed by state prompt pay laws, a payment from HCSC to the Trading Partner shall be considered timely with respect to any payment due date if the corresponding fund transfer is completed no later than three (3) days after such payment due date. If the fund transfer cannot be completed on such date because it falls on a weekend or a holiday, HCSC's payment is timely if the fund transfer is completed on the next day completion can occur.

2.2: Effect of Delay. HCSC shall not be in breach of this EFT Agreement or suffer any loss of discount or other penalty, with respect to a fund transfer that was initiated properly and timely by HCSC to the extent its completion is delayed because of failure or delay by the fund transfer system that could not be anticipated by HCSC, or rejection by the Trading Partner's Bank or due to any other conditions beyond HCSC's control.

I agree to the Terms and Conditions



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5) Location/User Selection

- ▶ Select the provider billing/group NPI (type 2) and location

Note: If your NPI and Tax ID numbers do not populate, they will need to be entered via Express Entry before continuing.

- ▶ Select hyperlink for:

- [New Enrollment](#)
- [Change Enrollment](#)
- [Cancel Enrollment](#)

- ▶ Choose **Payment Option** after it appears

- ▶ Select **Next**

Electronic Funds Transfer (EFT) Authorization Agreement

Progress: Terms | **Select Location & Payment Cycle** | Provider Information | Financial Institution Information | Submission Information | Review & Confirm | Finish

Select Provider

NPI	Plan	Tax ID
<input checked="" type="radio"/> 1234567890	State	123456789

Select Provider Location

Name	Primary Specialty	Office Address
ABC Medical Clinic	Family Practice	000 S Mountain View, Chicago IL 12345-0000

[New Enrollment / Change Enrollment / Cancel Enrollment](#)

Select Payment Option

Payment Option* Weekly

Next

6) Provider Information

- ▶ Verify the pre-populated data and enter the following information:

- **Provider Contact Name** – indicate contact information for the person completing the enrollment
- **Telephone Number**
- **Email Address**

Electronic Funds Transfer (EFT) Authorization Agreement

Progress: Terms | Select Location & Payment Cycle | **Provider Information** | Financial Institution Information | Submission Information | Review & Confirm | Finish

Provider Information

Provider Name:

Provider Address

Street:

City:

State/Province:

ZIP Code/Postal Code:

Provider Identifiers Information

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):

National Provider Identifier (NPI):

Provider Contact Information

* = required

Provider Contact Name*:

Title:

Telephone Number*:

Telephone Number Extension:

Email Address*:

Fax Number:

Back **Next**

- ▶ Select **Next**

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7) Financial Institution Information

- ▶ Enter the routing number provided by your bank and select **Search**
- ▶ The applicable **Financial Institution Name** will populate
- ▶ Choose **Demand Deposit (Checking)** or **Savings**
- ▶ Enter the provider **Tax ID** or **NPI**
- ▶ Select **Next**

Electronic Funds Transfer (EFT) Authorization Agreement

Terms
Select Location & Payment Cycle
Provider Information
Financial Institution Information
Submission Information
Review & Confirm
Finish

Financial Institution Information ?

* = required

Financial Institution Name *

Financial Institution Routing Number *

Type of Account at Financial Institution * Demand Deposit (Checking) Savings

Provider's Account Number with Financial Institution *

Account Number Linkage to Provider Identifier* ?

Provider Tax Identification Number (TIN)

National Provider Identifier (NPI)

Helpful Tip: If you unable to locate your financial institution, contact Electronic Commerce Services for assistance at ecommerceservices@bcbsok.com or 800-746-4614.

8) Submission Information

- ▶ Choose reason for submission:
 - **New Enrollment**
 - **Change Enrollment**
 - **Cancel Enrollment**
- ▶ Select **Next**

Electronic Funds Transfer (EFT) Authorization Agreement

Terms
Select Location & Payment Cycle
Provider Information
Financial Institution Information
Submission Information
Review & Confirm
Finish

Submission Information ?

Reason for Submission

New Enrollment

Change Enrollment

Cancel Enrollment

Authorized Signature

Name of Person Submitting Enrollment: Carla

Title of Person Submitting Enrollment:

Submission Date Oct 13, 2015

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9) Review and Confirm

- ▶ Verify the information submitted is correct
- ▶ Failure to enter the correct information will result in a delay of funds
- ▶ Select **Submit**

Electronic Funds Transfer (EFT) Authorization Agreement
Terms
Select Location & Payment Cycle
Provider Information
Financial Institution Information
Submission Information
Review & Confirm
Finish

Review and Confirm

I authorize Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an independent licensee of Blue Cross and Blue Shield Association, to deposit funds to the financial institution account identified below. I authorize the financial institution identified by the financial institution routing number below to accept and post this entry to the account indicated on this form, and I represent that I am the owner and/or authorized signer on the account.

Financial Institution Information

Financial Institution Name:	
Financial Institution Routing Number:	
Type of Account at Financial Institution:	Demand Deposit (Checking)
Provider's Account Number with Financial Institution:	999999999
Authorized Individual:	Carla
Authorization Date:	April, 8 2019

By clicking "Submit" you agree to authorize HCSC to deposit funds into the account listed above.

Back
Submit

10) Finish

After enrollment has been completed, you will receive online confirmation that the EFT enrollment was successfully received by the payer. Additionally, an acknowledgement letter with the effective date will be mailed to you.

Have questions or need additional education? Email Electronic Commerce Services at ecommerceservices@bcbsok.com.

Be sure to include your name, direct contact information & Tax ID or billing NPI.

Dental Network of America, LLC (DNoA) is a wholly owned subsidiary of Health Care Service Corporation (HCSC), a Mutual Legal Reserve Company.

Dental Network of America, LLC, is a separate company that acts as the administrator of dental programs for Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma, and Blue Cross and Blue Shield of Texas.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSOK. BCBSOK makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.