DESCRIPTION

By registering for Payer Payments, you will receive payments from the payers listed at the following URL (www.instamed.com/providers/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.

CUSTOMER INFORMATION

Legal Business Name (as registered with the IRS)

Customer DBA Name (if different from Legal Business Name – as registered with the IRS)

Legal Business Name (**if different –** as registered with your Secretary of State)

Corporate Address (P.O. Box not accepted)

Physical Address (if different)

City State Zip

City (if different) State Zip

Number of Providers* Tax ID

Patient Accounting System Version

** Number of Providers: Provider refers to physicians, nurse practitioners, physician assistants or others offering reimbursable healthcare services without exclusion.*

Description of Business

Ownership

- ☐ Individual/Sole Proprietor
- ☐ General Partnership
- ☐ Limited Partnership
- ☐ Limited Liability Partnership
- ☐ S Corporation
- ☐ C Corporation
- ☐ Government
- ☐ LLC
- ☐ Non-Profit [must provide 501©(3) certificate]
- ☐ Publicly Traded

  Ticker Symbol Stock Exchange
- ☐ PA/PC
- ☐ Other

Remittance Delivery

You will automatically receive ERAs through the InstaMed secure Provider Portal. To receive ERAs through your clearinghouse, please list your clearinghouse below. For a list of supported clearinghouses for ERA, visit: www.instamed.com/eraclearinghouses.

Clearinghouse: ☐ Check this box to receive ERAs via SFTP

NPIs

Please list your Billing Provider NPI(s) and, if you use Service Provider NPI(s) for claims billing, please list them also. If your Practice does not use Service Provider NPI(s) for claims billing, you do not need to list them. In order to avoid misdirected payments, only list NPI(s) that should have ALL of their remittances and payments routed to you. Do not include NPI(s) that also do business under other healthcare providers. **If you or your business does not have an NPI, please provide InstaMed with an Explanation of Payments.**

Billing Provider NPI: Billing Provider NPI:

Service Provider NPI: Service Provider NPI:

CONTACT INFORMATION

☐ Create new InstaMed account ID ☐ Link to existing InstaMed account ID:

PRIMARY CONTACT

Primary Contact Legal Name | Phone

Title | Email

BANK ACCOUNT INFORMATION

Bank account information is required for payer payment deposits. A voided check or bank letter is required.

Bank Name | Routing Number | Account Number

Note: A voided check or bank letter is required.

To prevent delays, please notify your bank(s) that InstaMed is authorized to debit the above bank account. This should be completed for the funding/settlement account as well as billing. Company IDs 9221883201 & 9221883202 should be added as approved billers if you have a debit block on your account.





AUTHORIZATION

By signing below, you agree to the pricing and terms of this Order Form and you confirm that the other information that you have provided in the Order Form is true and correct. You also agree to the Terms and Conditions set forth at www.instamed.com/terms_and_conditions_JPMC or separately agreed to in writing by you and InstaMed, which are integral to, and form a part of, this Order Form. The parties consent and agree that this Order Form may be electronically signed. The parties agree the electronic signatures appearing on this Order Form are the same as hand-written signatures for purposes of validity, enforceability and admissibility.

Print Signer's Legal Name | Title

Signature | Date