InstaMed®
a J.P.Morgan company

INSTAMED ORDER FORM - PAYER PAYMENTS

CONFIDENTIAL
20210908

Complete Online
register.instamed.com/eraeft

1. Review and complete entire form
2. Sign signature field(s)
3. Send through secure fax: (877) 755-3392

DESCRIPTION

SOLUTION 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. To opt out of Payer Payments from one or more of the available payers, please contact InstaMed at (866) 945-7990 or connect@instamed.com.

CUSTOMER INFORMATION

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Legal Business Name _____

Customer DBA Name (if different) _____

Corporate Address (P.O. Box not accepted) _____

Physical Address (if different, P.O. Box not accepted) _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Number of Providers* _____ Tax ID _____

Patient Accounting System _____ Version _____

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

Description of Business:

Ownership Type:

- ☐ Individual/Sole Proprietor
- ☐ Partnership
- ☐ S Corporation
- ☐ C Corporation
- ☐ Government
- ☐ LLC
- ☐ Non-Profit [must provide 501(c)(3) certificate]
- ☐ PA/PC
- ☐ Publicly Traded Ticker Symbol: _____ Stock Exchange: _____
- ☐ 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.

Billing Provider NPI: _____ Billing Provider NPI: _____

Service Provider NPI: _____ Service Provider NPI: _____

CONTACT INFORMATION

CONTACT INFORMATION

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

PRIMARY CONTACT

Legal Name _____ Phone _____

Title _____ Email _____

BANK ACCOUNT INFORMATION

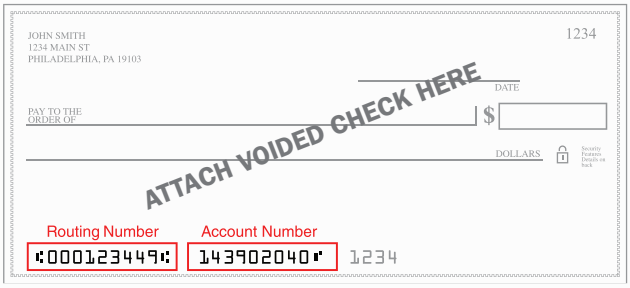
BANK ACCOUNT INFORMATION

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

Bank Name _____

Routing Number _____

Account Number _____



AUTHORIZATION

AGREED AND ACCEPTED

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/im-online/InstaMed_Terms_and_Conditions_JPMC.pdf 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.

Legal Business Name _____

Signature _____ Date _____

Print Legal Name _____

Title _____

InstaMed Communications, LLC
Company

Signature _____ Date _____

Print Legal Name _____

Title _____