

HIGHLINE MEDICAL SERVICES ORGANIZATION

Electronic Remittance Advice (ERA) Enrollment Authorization for ACH Payments

Effective **06/01/2021**, HMSO will no longer issue paper checks or paper explanation of payments (EOP's). Electronic payments will be made via ACH and EOP's will be sent securely to the designated email address.

To ensure future payments are uninterrupted, submit this completed enrollment form to the following:

By email: debbie.p@hmsoinc.org
By fax: 206-834-6000, attention Debbie

AUTHORIZATION FOR ACH PAYMENTS

Provider Group Name	Tax ID	Group NPI
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Contact Name	Contact Telephone Number	EOP E-Mail Address
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BANK INFORMATION

Type or Account: Checking Savings
 Personal Business

Bank Name	Account Number	Routing Number
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Address	City	State, Zip
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I hereby authorize Highline Medical Services Organization (HMSO) to deposit payments due to the entity identified above to the bank account listed. It is understood and agreed that this authorization will remain in effect until receipt by HMSO of written instructions to cancel. It is further understood that HMSO is under no obligation to submit payment electronically and that the contact listed above will be notified when electronic payments commence.

Print Name	Signature	Date
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