



Electronic Payment and Remittance Advice Application

This application constitutes an agreement between Neighborhood Health Plan of Rhode Island (Neighborhood) and its affiliated professional or institutional supplier, as identified below, to accept direct deposit of claim payment to supplier's bank. Direct deposit will be made through Bank of America's Automated ClearingHouse into the account and bank routing address indicated below. Professional or institutional suppliers equipped to accept electronic remittance advices are requested to enter their document format preferences in the box provided below. Neighborhood supports remittances in two formats: (1) electronic transmission of standard-format remittance advice file (image of paper RA) via Neighborhood secure e-mail in PDF format OR (2) machine-readable ASCX12 835 (available for retrieval via ftp/sftp). If supplier is applying for the standard-format PDF format via Neighborhood secure e-mail, supplier warrants that access and retrieval of the .pdf RA using supplier's e-mail address (included below) at their place of business will be in a HIPAA-compliant, secure manner with handling by authorized personnel only. Submission of this completed application to Neighborhood at 910 Douglas Pike, Smithfield, RI 02917 enables participation in Neighborhood's electronic claim payment and remittance advice transmission processes. Supplier will be contacted prior to implementation date for transmission testing if necessary.

APPLICATION REQUEST TYPE	Please allow two to three weeks for processing.
<input type="checkbox"/> NEW Application NEW application must be completed in full and signed	
<input type="checkbox"/> REVISED Application - Please fill in applicable details including Business Name and NPI# and sign application Please write the revision intended in space below. Ex: Requesting 835 file receipt; Change bank information, etc...	

IDENTIFICATION AND BANK ROUTING INFORMATION											
Business Name											
Street Address											
City, State, Zip Code	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">City</td> <td style="width: 25%;">State</td> <td style="width: 25%;">Zip Code</td> <td style="width: 25%;"></td> </tr> </table>	City	State	Zip Code							
City	State	Zip Code									
NHPRI Supplier ID # (If not known, this will be supplied at Neighborhood)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>										
NPI Number - If you have more than one NPI number, provide Organizational (Type 2) NPI, otherwise Practitioner individual NPI	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>										
Tax Identification Number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>										
Name of Bank											
ACH Bank Routing Number [please verify w/bank] - Please DO NOT use routing number from check	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>										
Bank CHECKING Account Number [no dashes]	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>										
Authorized Banking Transaction Signatory (sign here)	Date:										

INDICATE WHO WILL RECEIVE THE .PDF RA AND/OR 835 FILE	
You may request BOTH .pdf RA as well as 835 (electronic RAs). Fill in each section accordingly.	
.pdf RA image of paper RA via secure e-mail (human readable):	[] SUPPLIER [] BILLING COMPANY or CLEARINGHOUSE
Supplier/Billing Company/Clearinghouse Name	
.pdf RA Business Contact Name	
Contact Telephone	() - ext. Fax Number: () -
Contact e-mail address (primary business contact)	
If .PDF RA selected, enter e-mail address for remittance delivery	

Machine-readable ASC X12 835 (via ftp) - used for system processing:	[] SUPPLIER [] BILLING COMPANY or CLEARINGHOUSE
Supplier/Billing Company/Clearinghouse Name	
EDI 835 Business Contact Name	
Billing Company/Clearinghouse Contact Telephone	() - ext. Fax Number: () -
Contact e-mail address (primary business contact)	

SUPPLIER AUTHORIZATION		
Supplier Authorized Signature (Signature Required Below)	Print Name (Authorized Signature)	Date:
		/ /