

**Electronic Remittance
Advice (835) and EFT
Enrollment Form**
(Medicare and Commercial)



Questions? Feel free to contact us:
 Provider Network Department
 (541) 684-5580 • (800) 624-6052
 Fax (541) 225-3643
 Email: eraenrollment@pacificsource.com
 PacificSource.com

This form will grant authorization to send EFT payments and 835 remittances for PacificSource Medicare and PacificSource Health Plans.

- 1. Please complete** all applicable sections.
- 2. Upload this form and a copy of a voided check** to PacificSource by our secure website, InTouch. You are also welcome to fax or use secure email to send the form and voided check to us.

Name (facility, group, practice, as it appears on bank account):	
I wish to enroll in: (please check one option): <input type="checkbox"/> EFT and 835/ERA <input type="checkbox"/> EFT only with paper remittance	
Anticipated Start Date for Electronic Remittance:	
Contact Name:	Contact Phone Number:
Contact Email Address:	Tax ID:
Bank Routing Number:	Bank Account Number:
Bank Name and Location:	
Name(s) of Entity Associated with Tax ID Above:	
Trading Partner/Clearinghouse Name:	
Please be sure to contact your Trading Partner/Clearinghouse to arrange receipt of your 835.	

By submitting this form, I authorize the above named contact person to execute, implement, and perform all functions necessary for my facility to receive electronic funds transfer (EFT) payments, and (if requested) electronic remittance advice, from PacificSource. Additional information may be provided on a separate piece of paper.

Printed Name

Title