

Introducing Electronic Funds Transfer

Your opportunity to improve efficiency and peace of mind



Anthem introduces Electronic Funds Transfer (EFT), a better way to do business. With EFT, your billed administrative fees and claims are automatically withdrawn from your account on the banking day of the due date on your bill (or next banking day if the due date falls on a weekend or bank holiday), ensuring that your employees receive the uninterrupted claim payment service they count on. By signing up for this FREE service today, you get increased administrative efficiency and the peace of mind that comes with knowing your administrative fees and claims are paid on time, every time.

EFT Efficiencies

Uninterrupted claim payment and coverage

Automatic payments eliminate potential interruptions in coverage.

Reduced Paperwork

Fill out one simple form to end weekly check requests and possible mail delays.

Quick and easy sign-up

Complete the EFT Authorization Form on the reverse side and email, fax, or mail it to the appropriate locations (indicated at the bottom of the form). Please allow 30 days for this information to be processed.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (CompCare), which underwrites or administers the HMO policies; and CompCare and BCBSWI collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Anthem Electronic Funds Transfer (EFT) Customer Authorization Form (Alternately Funded)



We hereby authorize Anthem Blue Cross and Blue Shield to initiate debit entries of premiums, claims and/or administrative fees or any other related payments on our behalf and credit entries as required to our account indicated below, and authorize the financial institution named below to debit/credit the same to such account.

Enrollment type New Revised		Requested effective date (please submit 30 days prior to effective date)	
FINANCIAL INSTITUTION INFORMATION			
Financial institution name			
Financial institution address		City	State ZIP code
9-digit ABA/Routing no.		Account no.	
Account type Business Checking Business Savings		Does account have an ACH block – Is an originator ID needed? Yes No	
PLEASE ATTACH A VOIDED CHECK.			
CUSTOMER INFORMATION			
Customer name		Customer no. with Anthem (if known)	
Customer address		City	State ZIP code
Contact person		Phone no.	

This authorization is to remain in full force and effect until Anthem and the above-named financial institution have received written notification simultaneously from us of its termination in such time and in such manner as to afford Anthem and the above-named financial institution ten (10) business days to act on it.

Printed name

Authorized signature on this account

Date

X

Please check appropriate box for email address.

ASO Team	Email address to submit to
Colorado/Nevada/CA	BCCAlternateFunding@anthem.com