



**ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT**

**PART I: REASON FOR SUBMISSION**

Reason for Submission:

- New EFT Enrollment
  - Individual     Group
- Change to Current EFT Enrollment (e.g. account or bank changes)
- Revalidation
- Check here if EFT payment is being made to the Home Office of the Chain Organization (Attach letter authorizing EFT payment to Chain Home Office)

**PART II: ACCOUNT HOLDER INFORMATION**

Provider/Supplier Legal Business Name (if individual, please provide first name, middle initial, last name, and suffix)

Chain Organization Name or Home Office Legal Business Name (if different from Chain Organization Name)

Account Holder's Address

Account Holder's City

Account Holder's State

Account Holder's Zip Code

Payee Tax Identification Number (TIN)

Grid for TIN: 15 empty boxes

Designate TIN

- SSN (enrolling as an individual) OR
- EIN (enrolling as a group/organization/corporation)

Payee Practice National Provider Identifier Number (NPI)

Grid for NPI: 10 empty boxes

Medicare Identification Number (if issued)

Grid for Medicare ID: 10 empty boxes

**PART III: FINANCIAL INSTITUTION INFORMATION**

Financial Institution's Name

Financial Institution Routing Number (must be 9 digits)

Grid for Routing Number: 9 empty boxes

Type of Account (check one)

- Checking Account
- Savings Account

Provider's/Supplier's Account Number with Financial Institution (include all zeros)

Grid for Account Number: 20 empty boxes

**PART IV: CONTACT PERSON**

This is the person we will contact for any questions regarding this EFT.

Contact Person's Name

Contact Person's Title

Contact Person's Telephone Number

Contact Person's E-mail Address

**PART IV: AUTHORIZATION**

I hereby authorize MCA-Sedgwick to provide the financial institution and account data to the World Trade Center Health Program for validation and release of payment.



WTC Health Program Nationwide Provider Network

This authorization agreement is effective as of the signature date below and is to remain in full force and effect until MCA-Sedgwick has received written notification from me of its termination in such time and such manner as to afford MCA-Sedgwick a reasonable opportunity to act on it. The World Trade Center Health Program payment vendor will continue to send the direct deposit to the Financial Institution indicated above until notified by me that I wish to change the Financial Institution receiving the direct deposit. If my Financial Institution information changes, I agree to submit to MCA-Sedgwick an updated EFT Authorization Agreement.

**SIGNATURE LINE**

Authorized/Delegated Official Name (Print)	Authorized/Delegated Official Telephone Number
Authorized/Delegated Official Title	Authorized/Delegated Official E-mail Address
Authorized/Delegated Official Signature (Note: Must be signed and dated to process)	Date

Please fax the completed form with your W9 to MCA-Sedgwick at 866.728-7860 or email a copy to [WTCNPN-ProviderServices@sedgwickgovernment.com](mailto:WTCNPN-ProviderServices@sedgwickgovernment.com).

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## ERA ENROLLMENT REQUEST FORM

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The Electronic Remittance Advice (ERA) program is voluntary. The program provides several important benefits for WTC providers, but also imposes some specific requirements. The ERA program offers the following benefits:

- Reduces processing time and increases data accuracy by allowing providers to update their system directly with electronic remittance information
- Reduces paper and printing costs
- Eliminates issues with lost mail and missing remittances

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To take advantage of these benefits, a provider must do the following:

- Have the ability to receive and process remittance data according to the ANSI 5010 835x12 HIPAA transaction standards
- All submitters (providers and third-parties) must contract with a National Government Services Network Service Vendor (NSV) for connectivity to the National Government Services EDI Gateway. The list of approved National Government Services NSVs is available in the Appendix of this document.
- If connection is established through NGS Medicare, your connection for WTC is established through an approved NSV. Please ensure the WTC connection with NGS is modified for utilization to your new WTC mailbox which will be separate from the NGS Medicare mailbox
- Be able to receive and store electronic remittance information in a secure way
- Be able to operate effectively without paper remittance advice
- Be willing and able to participate in an enrollment and production simulation testing program that lasts approximately three weeks

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Once the completed form has been received to MCA-Sedgwick, the request for ERA will be submit the enrollment request to NGS for approval. Within 10 business days, NGS sends a letter to the provider at the email specified on the enrollment form.

- This letter provides information on how to access the mailbox, where you will receive the ERA, and provides a username and password.
- If you are a Medicare provider, this will be like the process for downloading the Medicare remittance information but utilizes a separate mailbox.
- Please ensure that you maintain the email notification sent by the NGS EDI Enrollment team.

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When the provider is satisfied that they can apply the remittance data effectively, the provider begins to download the file(s) weekly.

- The files are available for pick-up on Fridays. However, holidays during the processing week may change the delivery schedule. Any change to the delivery schedule WTC providers would be advised.
- The file names will be used for delivery of the 835 remittance advice as follows:  
WTC#####.#####.Dyyymmdd####.txt
- First node is your WTC Receiver ID
- Second node is the Vendors NPI
- Third node is the date and time stamp of file delivered.

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The provider continues to receive the paper remittance advice for 30 days, after which delivery of the paper remittance advice is suspended.



WTC Health Program Nationwide Provider Network

**ELECTRONIC REMITTANCE ADVICE (835 EDI FILE) ENROLLMENT REQUEST FORMS**  
**Submission Options:** upload: via MCA-Sedgwick Provider Portal [www.sedgwickwtc.com](http://www.sedgwickwtc.com)  
fax: 866.728.7860 | or via email [wtcnpn-providerservices@sedgwickgovernment.com](mailto:wtcnpn-providerservices@sedgwickgovernment.com)

**PART I: REASON FOR SUBMISSION**

- New ERA Enrollment  
 Individual     Group     Change to Current ERA Enrollment

**PART II: PAYEE/BILLING OFFICE PROVIDER INFORMATION**

Provider/Supplier Legal Business Name (if individual, please provide first name, middle initial, last name, and suffix)

Chain Organization Name or Home Office Legal Business Name (if different from Chain Organization Name)

Payee's Mailing Address

Payee's City                                      Payee's State                                      Payee's Zip Code

Contact's Name                                      Contact's Phone Number                                      Contact's Fax Number

Contact's Email Address

Provider's Network Service Vendor (The NSV used to connect to the NGS gateway)

Payee Tax Identification Number (TIN)                                      Payee NPI:  
List all NPI's for this provider here:

Clearinghouse Name                                      Contact Name Receiving ERA File

Contact's Mailing Address

Contact's City                                      Contact's State                                      Contact's Zip Code

Contact's Phone Number                                      Contact's Fax Number                                      Contact's Email Address

Contact's Network Service Vendor (The NSV used to connect to the NGS gateway)

**SIGNATURE LINE** (Note: Must be signed and dated to process)

Authorized/Delegated Official Name (Print)                                      Telephone Number                                      Authorized/Delegated Official Title

Authorized Authorized/Delegated Official Signature                                      Date                                      E-mail Address

**ELECTRONIC REMITTANCE ADVICE (835 EDI FILE) APPENDIX**

National Government Services allows select network service vendors to provide an alternative method of communication to electronic data interchange (EDI) services.

These vendors offer services and benefits that include connections for submission and receipt of HIPAA transactions. To receive additional information on the services provided from these network service vendors and pricing structures, please use the contact information below.

The Network Service Vendors who have connectivity to National Government Services are:

Network Service Vendors	Network Service Vendors Continued
<p><b>ABILITY Network, Inc.</b>  <a href="#">Website</a>                      Customer Service: 888-895-2649  <a href="#">Email</a></p>	<p><b>Episode Alert LLC</b>  <a href="#">Website</a>  <a href="#">Direct Link</a>                      Customer Service: 800-905-0698  <a href="#">Email</a></p>
<p><b>American Health Data Services, Inc. (AHDS)</b>  <a href="#">Website</a>  <a href="#">Direct link</a>                      Customer Service: 877-214-0990  <a href="#">Email</a></p>	<p><b>Experian Health, Inc.</b>  <a href="#">Website</a>                      Customer Service: 888-661-5657</p>
<p><b>Axiom Systems, Inc. (ClaimShuttle)</b>  <a href="#">Website</a>                      Customer Service: 602-439-2525  <a href="#">Email</a></p>	<p><b>Waystar (formally known as eSolutions/Dorado)</b>  <a href="#">Website</a>                      Customer Service: 866-633-4726 Option 1  <a href="#">Contact electronically</a></p>
<p><b>Axxess</b>  <a href="#">Website</a>  <a href="#">Direct Link</a></p>	<p><b>WellSky (formerly MEDTranDirect)</b>  <a href="#">Website</a>  <a href="#">Direct Link</a></p>

Network Service Vendors	Network Service Vendors Continued
<p><b>Customer Service: 214-575-7711</b>  <a href="#">Email</a></p>	<p><b>Phone: 855-855-6637</b>  <a href="#">Email</a></p>
<p><b>Cortex EDI, Inc.</b>  <a href="#">Website</a>  <a href="#">Direct Link</a>  <b>Customer Service: 800-485-5977</b>  <a href="#">Email</a></p>	

Office Ally, one of MCA-Sedgwick’s EDI e-billing partners, is a Network Service Vendor that has connectivity to National Government Services as well.

Please note that the most recent list at <https://enrolledi.ngsmedicare.com/approvedentitieslist> (you have to choose provider type/state and accept the CPT license to get to it). The list available on the web site always takes precedence over the chart above.