

**We are committed to helping provider offices maximize their use of online tools and increase efficiencies.**

**Ready to get started?**

Follow these simple steps:

Fill out the attached form

For EFT we need a voided check or a letter from your financial institution with instructions

For the 835 ERA enrollment please contact Availity Client Services at 1-800-282-4548

Return your EFT Enrollment information to Cook Children's:

Via e-mail: [CCHPFinance@cookchildrens.org](mailto:CCHPFinance@cookchildrens.org)

Fax: 682-885-8482

Mail: Cook Children's Health Plan  
Attn: Finance  
P.O. Box 2488  
Fort Worth, Tx 76113-2488

## Electronic Fund Transfer (EFT)



**CCHP is pleased to offer EFT and paperless Explanation of Benefits via 835 ERA (5010 format)**

**Benefits include:**

- ⇒ **Decreased data errors**
- ⇒ **Reduced administrative costs**
- ⇒ **Improved cash flow, resulting from:**
  - **No checks lost in the mail**
  - **Reduced paperwork**
  - **Expedited account reconciliations and claim processing**



# Electronic Fund Transfer (EFT)

## Authorization Agreement

I hereby authorize Cook Children's Health Plan to initiate credit entries to deposit my vendor payments at the financial institution named below. If funds to which I am not entitled are deposited to my account, I also authorize Cook Children's Health Plan to make the necessary debit entries and adjustments to correct the error without additional signatures by my authorized representative.

I authorize Cook Children's Health Plan to initiate a pre-note before the first vendor payment is deposited.

This agreement will remain in effect until Cook Children's Health Plan receives a written notice of cancellation from me or my financial institution.

## Information Needed

**FOR ACCOUNT VERIFICATION PLEASE PROVIDE A VOIDED CHECK OR A LETTER OF INSTRUCTION FROM YOUR FINANCIAL INSTITUTION.**

|                               |  |
|-------------------------------|--|
| Provider/Facility Name        |  |
| Financial Institution Name    |  |
| Account Name                  |  |
| Account Number                |  |
| ACH Routing Number            |  |
| Tax ID Number                 |  |
| Provider Contact Name         |  |
| Provider Contact E-Mail       |  |
| Provider Contact Phone Number |  |

## Signature

Authorized Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

cchpfinance@cookchildrens.org or  
Fax: 682-885-8482  
or  
Cook Children's Health Plan  
Attn: Finance  
P. O. Box 2488  
Fort Worth, TX 76113-2488

**SUBMIT REQUEST**