



## Refusal to Enroll in Electronic Funds Transfer (EFT) form

### Receive prompt payments to your bank account with electronic funds transfer (EFT)

If you submit claims electronically, the state of Ohio requires you to receive electronic payment. If you refuse to accept EFT and you want to continue receiving a paper check, you must sign this form. We are required to have documentation from you, which states that you want to continue to submit claims electronically but wish to receive paper checks as payment for your claims.

**The Ohio Legislature amended Ohio Revised Codes 3901.381 – effective October 16, 2010 – to require a third party payer (such as Aetna) to transmit payment electronically to a contracted provider who submits an electronic claim.** Read more about the law at the bottom of this form.

By signing below, I understand and acknowledge that this office hereby chooses not to enroll in EFT. We wish to continue to submit claims electronically.

*Practice name	*Tax ID # (TIN)
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\*Authorized health care professional name \_\_\_\_\_  
(please print name)

\*Signature \_\_\_\_\_ \*Date \_\_\_\_\_

Please fax this completed form to **614-933-7066**.

1 (F) A third party payer shall transmit electronically any payment with respect to claims that the third party payer receives electronically and pays to a contracted provider under this section and under sections 3901.383, 3901.384, and 3901.386 of the Revised Code. A provider shall not refuse to accept a payment made under this section or sections 3901.383, 3901.384, and 3901.386 of the Revised Code on the basis that the payment was transmitted electronically.