



Keystone First

Electronic Funds Transfer Authorization Agreement

Submission Methods

To enroll in Keystone First's Electronic Funds Transfer payment program, please fill out this form and return via:

Mail: Keystone First
PO Box 2187
Milwaukee, WI 53 201

Fax 262-721-0722

Email: providers@keystonefirstdentists.com

Part I - Reason for Submission

<input type="checkbox"/>	New EFT Authorization	<input type="checkbox"/>	Revision to current EFT setup (i.e. account/bank change)
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Part II - Provider or Supplier Information

Name of Payee:

Tax Identification Number: SSN EIN

Address of Payee:

Part III - Depository Information (Financial Institution)

Bank/Depository Name: Checking Savings

Depository Routing Number (nine digits - include any leading zeros):

Depository Account Number (include any leading zeros):

Part IV - Billing Contact Information

Name: Phone Number:

E-mail Address:

Part V - Authorization

I hereby authorize Keystone First to initiate credit entries, and in accordance with 31 CFR part 210.6(f) initiate adjustments for any credit entries made in error to the account indicated above. I hereby authorize the financial institution/bank named above, hereinafter called the DEPOSITORY, to credit the same to such account. This authorization agreement is effective as of the signature date below and is to remain in full force and effect until the CONTRACTOR has received written notification from me of its termination in such time and such manner as to afford the CONTRACTOR and the DEPOSITORY a reasonable opportunity to act on it. The CONTRACTOR will continue to send the direct deposit to the DEPOSITORY indicated above until notified by me that I wish to change the DEPOSITORY receiving the direct deposit. If my DEPOSITORY information changes, I agree to submit to the CONTRACTOR an updated EFT Authorization Agreement.

<input type="text"/>	<input type="text"/>
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Signature of Authorized Billing Contact

Date



Keystone First

Dear Provider,

We are requesting that you have your claims paid electronically to allow for a faster and more secure payment method. Below is information about what you need to do to save time with a more convenient method of payment. You may currently be receiving electronic payment, but to continue to get paid electronically after June 1st, 2011 please complete this attached form. If you have any questions please contact us at 1-877-408-0878 to speak with one of our provider services representatives.

We thank you for your time and consideration.

Keystone First

Electronic Funds Transfer (EFT) is a key component to better business practices, allowing for fast and secure electronic claims payment. EFT can be set up whether you submit claims electronically or on paper.

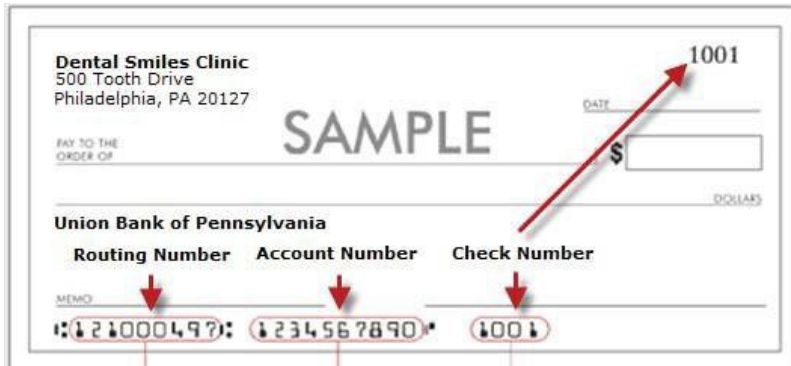
EFT offers a safe and modern alternative to paper checks. Providers who sign up will notice that EFT is:

- SECURE**, eliminating the risk of paper checks being lost or stolen in the mail.
- FAST**, providing quicker access to funds; many banks credit direct deposits faster than paper checks.
- CONVENIENT**, saving you the time and hassle of manually depositing paper checks.



EFT is a part of Keystone First's commitment to offer effective paperless solutions in dental administration. Enrolling will streamline your cash flow and reduce your operational costs, making EFT the fiscally responsible option in claims payment.

Enroll in EFT today and start enjoying the ease and cost-savings benefits of electronic claims payment!



You will be asked to supply the Account Number and Routing Number for the account associated with EFT.

The requisite information can be found on a blank check.

Your financial information will be not be used for any purpose other than to set up your EFT payment plan, and will be kept secure.

To enroll in Keystone First's EFT program, simply fill out the form on the reverse side and return to Keystone First via:

Mail: Keystone First
PO Box 2187
Milwaukee, WI 53201

Fax: 262.721.0722
E-mail: providers@keystonefirstdentists.com