Electronic Payment and Remittance Enrollment

MediGold offers Electronic Payment and Remittance to providers who submit their claims electronically.

Enrollments are processed within 5 business days from receipt of the completed and legible form. Once setup is complete, the primary contact on the application will receive an email indicating the effective date.

If you have questions on how to complete this form, please contact our Provider Service Center at 1-800-991-9907, Monday – Friday from 8:00am to 5:00pm.

Fax or mail your completed form to:

Fax:
(614) 234-8673

Mailing address:
MediGold, Attn: Network Operations, 3100 Easton Square Pl Suite 300, Columbus, Ohio 43219

ORGANIZATION INFORMATION		
Circle **one**: New Enrollment Changes to Existing Enrollment Cancel Existing Enrollment		
Organization Name:		
Remit Address:		
City:	State:	Zip:
Physical Address (if different from remit):		
City:	State:	Zip:
Group Tax ID Number (TIN):	Group National Provider Number (NPI):	
Select **one** Clearinghouse: *Please select one and ensure your clearinghouse is set up to receive 835 files from Claimsnet prior to submission of this form.* ☐ Change Healthcare ☐ Claimsnet		

NAME OF PERSON COMPLETING THIS FORM	
Name:	Phone Number:
Email Address	

DESIGNATION OF DEPOSITORY			
Bank Name:			
Address:	City:	State:	Zip:
Account Number:	Routing Number:		
Type of Account: Checking or Savings			

Providers must proactively contact the financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Data Elements necessary for successful reassociation of the EFT payment with the ERA remittance advice.

Authorization:

The person/organization above authorizes MediGold, through its affiliate PNC Bank, to make electronic payments to the checking account at the depository financial institution (depository) named above for services performed under the network participation agreement between the person/organization named above and MediGold and its affiliates. Such payments shall be made through the regional automated clearinghouse (ACH) associations, subject to the operating rules of the National Automated Clearinghouse Association. This authorization is to remain in full force and effect until MediGold has received written notice from the person/organization of its termination, allowing us reasonable opportunity to act on it, but in no event later than thirty (30) days advance notice. Revocation will not apply to transactions initiated before the effective date of such revocation. MediGold may cease providing any or all of the services upon notice to the primary contact named above. The person/organization identified above certifies that the above information is true and accurate in all respects and will promptly notify MediGold of any changes to the information set forth on this form.

AUTHORIZED SIGNATURE REQUIRED	
Printed Name:	Title:
Signature:	Date: