Electronic Funds Transfer (EFT) is a HIPAA-standard transaction from Blue Cross and Blue Shield of Texas (BCBSTX) to the provider’s designated financial institution, which offers providers a secure method of claim payments. This alternative to receiving paper checks can help save you time and reduce the risk of lost or misrouted checks.

Listed below you will find detailed information as well as helpful hints to complete online EFT enrollment through Availity.

**Federal Employee Program® (FEP®) Dental Providers:** The EFT enrollment process for Federal Dental Blue supplement policies will continue to be administered by DNoA.

1) **Getting Started**
   - Go to [availity.com](http://availity.com)
   - Select Availity Portal Login
   - Enter User ID and Password
   - Select Log in button

   **Note:** Only registered users can access online EFT registration via Availity.

2) **Accessing EFT Registration**
   - Select My Providers from the navigation menu
   - Select Enrollments Center then click EFT Registration (BlueCross BlueShield of Texas)

   **Quick Tip:**
   - Online EFT registration is also available in the Resource tab via BCBSTX branded Payer Spaces section.

   **Note:** Online EFT registration is only accessible to assigned Availity Administrators.
**3) Disclaimer**

- Users will be re-directed from Availity to BCBSTX secure website to complete enrollment
- Review the disclaimer and select **I agree**

**Disclaimer**

You are about to be redirected to a third-party site away from Availity’s secure site, which may require a separate log-in. Availity provides this link to the site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their content or services. You will remain logged in to Availity.

[I Agree] [Cancel]

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**4) Terms and Conditions**

- Review the Terms and Conditions and select **I agree to the Terms and Conditions**
- Select **Next**

**Electronic Funds Transfer (EFT) Authorization Agreement**

**Terms and Conditions**

**AGREEMENT AND AUTHORIZATION**

1.1: Credits. Health Care Service Corporation ("HCSC") agrees and the Provider herein ("Trading Partner") authorizes HCSC to satisfy its Payment Obligations by initiating fund transfers that result in payment to the Trading Partner by credit to the Trading Partner’s account.

1.2: Debits. Neither HCSC nor Trading Partner ("Party") shall initiate a transaction in connection with a payment obligation for the purpose of debiting a bank account of the other Party, with the sole exception of transactions initiated by HCSC to reverse entries of previous fund transfers due to erroneous credits or debits.

1.3: Acknowledgement Regarding The Trading Partner Information. The Parties expressly acknowledge and agree that with respect to fund transfers pursuant to this EFT Agreement, HCSC and HCSC’s bank are entitled to reasonably rely on the information provided by the Trading Partner regarding the Trading Partner’s Bank and the Trading Partner’s Third Party Service Provider and further that it is Trading Partner’s responsibility to provide HCSC with accurate, complete and timely information including any changes to such information regarding its bank and Third Party Service Provider.

**TIMING OF PAYMENTS**

2.1: Timeliness.

Except as otherwise prohibited under applicable state “prompt pay laws,” relating to payment of health insurance claims, a payment from HCSC to the Trading Partner shall be considered timely with respect to any payment due date if the corresponding fund transfer is completed no later than three (3) days after such payment due date. If the fund transfer cannot be completed on such date because it falls on a weekend or a holiday, HCSC’s payment is timely if the fund transfer is completed on the next day completion can occur.

Except as otherwise governed by state prompt pay laws, a payment from HCSC to the Trading Partner shall be considered timely with respect to any payment due date if the corresponding fund transfer is completed no later than three (3) days after such payment due date. If the fund transfer cannot be completed on such date because it falls on a weekend or a holiday, HCSC’s payment is timely if the fund transfer is completed on the next day completion can occur.

2.2: Effect of Delay. HCSC shall not be in breach of this EFT Agreement or suffer any loss of discount or other penalty, with respect to a fund transfer that was initiated properly and timely by HCSC to the extent its completion is delayed because of failure or delay by the fund transfer system that could not be anticipated by HCSC, or rejection by the Trading Partner’s Bank or due to any other conditions beyond HCSC’s control.

[ ] I agree to the Terms and Conditions
5) Location/User Selection

- Select the provider billing/group NPI (type 2) and location

**Note:** If your NPI and Tax ID numbers do not populate, they will need to be entered via Express Entry before continuing.

- Select hyperlink for:
  - New Enrollment
  - Change Enrollment
  - Cancel Enrollment

- Choose Payment Option after it appears
- Select Next

6) Provider Information

- Verify the pre-populated data and enter the following information:
  - Provider Contact Name – indicate contact information for the person completing the enrollment
  - Telephone Number
  - Email Address

Select Next
7) **Financial Institution Information**

- Enter the routing number provided by your bank and select **Search**
- The applicable **Financial Institution Name** will populate
- Choose **Demand Deposit (Checking)** or **Savings**
- Enter the provider **Tax ID** or **NPI**
- Select **Next**

**Helpful Tip:** If you unable to locate your financial institution, contact Electronic Commerce Services for assistance at ecommerceservices@bcbstx.com or 800-746-4614.

8) **Submission Information**

- Choose reason for submission:
  - **New Enrollment**
  - **Change Enrollment**
  - **Cancel Enrollment**
- Select **Next**
9) **Review and Confirm**

- Verify the information submitted is correct
- Failure to enter the correct information will result in a delay of funds
- Select **Submit**

### Electronic Funds Transfer (EFT) Authorization Agreement

**Review and Confirm**

I authorize Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an independent licensee of Blue Cross and Blue Shield Association, to deposit funds to the financial institution account identified below. I authorize the financial institution identified by the financial institution routing number below to accept and post this entry to the account indicated on this form, and I represent that I am the owner and/or authorized signer on the account.

**Financial Institution Information**

- **Financial Institution Name:**
- **Financial Institution Routing Number:**
- **Type of Account at Financial Institution:** Demand Deposit (Checking)
- **Provider’s Account Number with Financial Institution:** 999999999
- **Authorized Individual:** Carla
- **Authorization Date:** April, 8 2019

By clicking "Submit" you agree to authorize HCSC to deposit funds into the account listed above.

10) **Finish**

After enrollment has been completed, you will receive online confirmation that the EFT enrollment was successfully received by the payer. Additionally, an acknowledgement letter with the effective date will be mailed to you.

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**Have questions or need additional education?** Email Electronic Commerce Services at [ecommerceservices@bcbstx.com](mailto:ecommerceservices@bcbstx.com).

Be sure to include your name, direct contact information & Tax ID or billing NPI.