



PDMI

REQUEST FOR ELECTRONIC FUNDS TRANSFER

NOTICE: In order to be eligible to receive funds electronically, you must first also agree to accept 835 remittances electronically. If you have not done so already, please see the “835 Request Form” to enroll in electronic remittance for payment reconciliation.

NOTICE: Chain or PSAO providers that request EFT will be required to have all of their affiliates to fall under that EFT standard.

PDMI sends physical check payments to the mailing address or physical address the Pharmacy Provider provided on the Credentialing Application, or as notified via request, or as notified via NCPDP DataQ information. Otherwise, Pharmacy Providers may submit this application for electronic funds transfer (EFT) at its convenience. All questions may be submitted via the email provided below.

If necessary, please submit the completed form to PDMI via the following options:

- Email: pharmacypayables@pdmi.com
- Fax: 330-757-8487

Electronic Funds Transfer Authorization

Authorized Contact Name: _____

Contact Title: _____

Phone Number: _____

Email Address: _____

Authorization Effective Date: _____

Purpose of Request: New Enrollment_____ Change Current Enrollment_____ Cancel Enrollment_____

The above authorizes Pharmacy Benefit Management to transmit funds to the bank account listed on the next page via ACH on the identified pharmacy provider’s behalf. The above acknowledges that the origination of the ACH transactions to their account must comply with the provisions of U.S. law. This authority will remain in effect until PDMI receives written notice stating otherwise.



PDMI

Pharmacy Provider Information

Pharmacy Provider Name: _____

NCPDP ID #/ NPI ID # (Independent Providers): _____

NCPDP Chain Code # (Chain/PSAO Providers): _____

Financial Information

Financial Institution Name: _____

Financial Institution City: _____

Financial Institution State: _____

Account Number: _____

Routing Number: _____

Account Type: CHECKING_____ SAVINGS_____

By signing below, I hereby certify that the information provided above is true and accurate.

SIGNATURE: _____

DATE: _____