Please use the **Fill & Sign option** in Adobe to fill out the enclosed Authorization Forms completely and return it to us by **e-mail**:

pharmacypayables@elixirsolutions.com

Please do not FAX or MAIL the forms.

If you have any questions about these instructions or are unsure of how to complete these Authorization Forms you may e-mail your questions to **pharmacypayables@elixirsolutions.com**

Instructions for completing the Electronic Funds Transfer Authorization Form

EFT

NOTE: To take advantage of this payment option you must also be signed up to receive an 835 Electronic Remittance Advice (ERA).

Provider Name: This is the complete legal name of your institution or corporate entity.

Provider Address: The complete street address where this institution or corporate entity is located.

Provider Contact Name: Enter the name of your contact person who handles EFT issues.

Telephone Number: Enter the telephone number of the contact person who handles EFT issues.

Email Address: Enter the email address of the contact person who handles EFT issues.

Pharmacy Or DBA Name: This is the complete name by which your pharmacy is known (such as a Doing Business As).

NCPDP Provider ID: Enter your NCPDP number.

Payment Center ID: Enter the assigned payment center identifier associated with your institution or corporate entity (if applicable). *A payment center is a third-party administrator that receives payment and remittances on behalf of the pharmacy. If you have a payment center, they will be able to provide you with their ID number. If you do not have one, you may simply put your NCPDP number.*

National Provider Identifier (NPI): Enter your NPI number.

BANK DETAILS

Bank Name: This is the official name of the financial institution where your deposit account is held.

Bank Telephone Number: Enter the telephone number for a contact person at the financial institution where your deposit account is held.

Bank Account Number: **This is the account number to which EFT payments are to be deposited. (See example below.)**

Bank Routing Number: This is the **9-digit identifier** of the financial institution where your deposit account is held. It can be found at the bottom of your check between the colons. (See example below)

John Smith
123 Main St.
Any Town, ST 00000

0000

Pay to the Order of: ______________________ $

______________________ Dollars

Bank Name
123 Money St.
Any Town, ST 00000

⑆ XXXXXXXXX ⑆ 00000000

This is the 9 digit Financial Routing Number.

This is the account Institution number.

Reason for Submission Select the reason you are submitting this form by marking the box with an "X."

Include with Submission Select the documentation you will supply by marking the box with an "X" and include this with your Authorization Form.

Voided Check: A voided check is attached to provide confirmation of Identification / Account Numbers.

Bank Letter: A letter on bank letterhead that formally certifies the account owners routing and account numbers.

Authorized Signature Submission Date This form must be signed and dated by an individual authorized by the provider to initiate, modify or terminate an enrollment. By signing this form, you are instructing Elixir to transmit payment for prescriptions filled by the pharmacy identified on the form via ACH transaction to the deposit checking account identified on the form.

Instructions for completing the Electronic Remittance Advice Authorization Form

ERA

In order to take advantage of this option you must also be signed up to receive payments via Electronic Funds Transfer (EFT).

Provider Name: This is the complete legal name of your institution or corporate entity.

Provider Address: The complete street address where this institution or corporate entity is located.

Provider Contact Name: Enter the name of your contact person who handles ERA issues.

Telephone Number: Enter the telephone number of the contact person who handles ERA issues.

Email Address: Enter the email address of the contact person who handles ERA issues.

Pharmacy Or DBA Name: This is the complete name by which your pharmacy is known (such as a Doing Business As (DBA)).

NCPDP Provider ID: Enter your NCPDP number.

Payment Center ID: Enter the assigned payment center identifier associated with your institution or corporate entity (if applicable). *A payment center is a third-party administrator that receives payment and remittances on behalf of the pharmacy. If you have a payment center, they will be able to provide you with their ID number. If you do not have one, you may simply put your NCPDP number.*

National Provider Identifier (NPI): Enter your NPI number.

METHOD OF RETRIEVAL

Reconciliation Company Or Self Reconciliation Name: If you use a third-party vendor to receive and reconcile your claims enter their name here. If you wish to reconcile the claims yourself enter Self Reconciliation or PGP Key in this space, please supply your **PUBLIC** PGP ENCRYPTION KEY (.asc file), avoided check or bank letter, and the required forms (four pages) all together to **pharmacypayables@elixirsolutions.com**

Contact Name: Enter the name of a contact person in the vendor office who handles ERA issues.

Telephone Number: Enter the telephone number of the vendor contact person who handles ERA issues.

Email Address: Enter the email address of the vendor contact person who handles ERA issues.

Reason for Submission: Select the reason you are submitting this form by marking the box with an "X."

Authorized Signature Submission Date This form must be signed and dated by an individual authorized by the provider to initiate, modify or terminate an enrollment. By signing this form, you are instructing Elixir to transmit remittance details for prescriptions filled by the pharmacy identified on the form via HIPPA 835 electronic format.

Late/Missing EFT and ERA Resolution Procedures

According to **CAQH Committee on Operating Rules for Information Exchange (CORE) Phase III CORE 370 EFT & ERA Reassociation (CCD+/835) Rule version 3.0.0,** late or missing is defined as a maximum elapsed time of four business days following the receipt of either the Healthcare EFT Standards or v5010 X12 835.

If you think your EFT or ERA is late/missing please contact us by email at **pharmacypayables@elixirsolutions.com** or toll free by phone at 1-800-361-4542.