

## New Provider Payment and Remittance Selection Form

All sections must be completed. Missing and/or incomplete information may result in processing delays.  
 One form per Federal Tax Identification Number (TIN) or Employer Identification Number (EIN).

### Provider Information

**NOTE:** Enter Federal ID name exactly as shown on your SS-4 (Corporate) or Social Security Card (Individual) and all of Type II NPI's associated with this TIN/EIN.

**Provider Name:**

**Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):**

**Type II National Provider Identification (NPI) Number(s):**

### Contact Information

**Provider Contact Name:**

**E-mail Address:**

**Telephone Number:**

**Fax Number:**

### Payment Information

**Method of Payment:**

(Check one)

- Electronic Funds Transfer (EFT)\***  
 **Paper Check**

**Payment Address** (Street, City, State, Zip)

**\*The information below is required to receive Electronic Funds Transfer (EFT) payments**

**NOTE:** Please send a voided check or an attestation from your bank with this form

**Financial Institution Routing Number:**

**Account Number with Financial Institution:**

### Remittance Information

**Method of Retrieval:**

(Check one)

- Clearinghouse\***  
 (Payer IDs 52629, 55413, 41147 & 00015)  
 **Paper Remittance**

**Remit Address** (Street, City, State, Zip)

**\*A Clearinghouse must be selected in order to retrieve Aspirus 835s from your clearinghouse**

**NOTE:** You must register with a clearinghouse directly to receive 835s from Aspirus

- |  |                                    |                                  |  |
|--|------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Change Healthcare   | <input type="checkbox"/> Claimlynx | <input type="checkbox"/> Emdeon  | <input type="checkbox"/> PNC Bank <b>(835 remittance only)</b> |
| <input type="checkbox"/> eProvider Solutions | <input type="checkbox"/> TruBridge | <input type="checkbox"/> Waystar |  |

### Authorized Signature

Print Name

Title

Authorized Signature

Date