

PreferredOne

Mailing Address:
6105 Golden Hills Dr
Golden Valley, MN
55416

EFT (Electronic Fund Transfer)
Pre-Authorization Claims
Disbursement Form

Note: You must be registered to receive the electronic remittance advice from PreferredOne to enroll in EFT (Electronic Fund Transfer). See www.preferredone.com/providers and select Provider EDI Resources for more information.

Provider Information

Provider Tax ID Number:
Provider Name:
Mailing Address:
City:
State and Zip:
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Included voided check or financial institution letter to report routing and account information.
Special Instructions: (include specific NPIs or types of services if applicable)

Required: Include a voided check or copy with this request. A letter from your financial institution with your business name, bank routing number and account number will also be accepted. We are unable to process your request without proper documentation.

The Provider hereby requests that claims reimbursement be made electronically into the financial institution named on attached voided check or financial institution letter. Electronic signatures must be certified.

Authorized Provider Signature:

Signature:	Date:
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Provider Contact Information:

Contact Name: _____

Phone Number: _____

Contact Email: _____

Please sign the completed form and return via:

Fax: PreferredOne at 763-847-4010

Mail: PreferredOne, Attn: Provider Database, 6105 Golden Hills Drive, Golden Valley, MN 55416

Email: Credentialing@Preferredone.com