



March 2019 Provider Education

Focus on Electronic Funds Transfer/Direct Deposit of Payments to Your Bank Account: Completion of the EFT Form

In order to improve payment efficiency and turnaround time for payments to providers, Florida Community Care offers providers the ability to enroll in Electronic Fund Transfer, or EFT.

To enroll in Electronic Fund Transfer, you will need to complete the attached Florida Community Care EFT Form, and submit the form, along with a W9, and either a Voided check or a copy of a bank letter and send to us via fax or email.

In completing the EFT Enrollment Form, it is necessary for you to complete all the fields on the form.

Once you complete the form, please email the entire package to FCCEFT@FCCHealthplan.com or fax the forms to 631-963-4935.

If you have any questions or need assistance with completing the form, please contact Laura Montano in Provider Relations at 1-833-322-7526 x103017.

Thank you for partnering with Florida Community Care!



EFT/ACH REQUEST FORM

General Information: NEW Enrollment Change Enrollment Cancel Enrollment

Requested Effective Date: _____

Provider Name: _____

Provider Contact Name: _____

Provider Address: _____

Contact Phone #: _____

Contact Email: _____

Tax ID Number: _____

All applicable Billing/Pay to NPI: _____

Bank Information:

ACH Routing Number (ABA#): _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____

Check one Savings Checking

Form Completed By: _____ Date: _____

- (1) 30 days is needed to process a request.
- (2) Please attach a copy of a voided check and a W9
- (3) Email to: FCCEFT@FCCHEALTHPLAN.COM or Fax to: (631)963-4935

For Internal Use Only

PayID: _____