

# HOW TO ENROLL OR MAKE CHANGES FOR EFT

For any insurance that uses Change Healthcare for EFT services, providers should take the following steps to enroll or edit EFT:

## VISIT

**[SUPPORT.CHANGEHEALTHCARE.COM/CUSTOMER-RESOURCES/ENROLLMENT-SERVICES/MEDICAL-HOSPITAL-EFT-ENROLLMENT-FORMS](https://support.changehealthcare.com/customer-resources/enrollment-services/medical-hospital-eft-enrollment-forms)**

Under New Provider/Existing Providers, click **EPayment Request Forms**

Within the form, check the appropriate option and complete the 3-page request.

Options include:

### **NEW EPAYMENT ENROLLMENT AUTHORIZATION FORM**

Brand new providers to setup/start EFT.

### **CHANGE EXISTING EPAYMENT BANKING**

Providers already have existing bank account set up with CHC for EFT, but need to change/replace to a new bank account.

### **DEACTIVATE EXISTING EPAYMENT BANKING**

Providers wanting to stop EFT and deactivate existing bank account set up with CHC for EFT.

### **ADD/CHANGE/DELETE EFT PAYERS**

Providers with active banking set up with CHC who want to add/change/delete payers for EFT setup.

### **PAYMENT MANAGER AUTHORIZATION FORM**

Providers needing to change or update the admin on a payment manager login.

**EMAIL OR FAX COMPLETED FORM TO THE EMAIL ADDRESS OR FAX NUMBER LISTED ON PAGE 1 OF THE REQUEST FORM.**

Once Change Healthcare Enrollment has received the request, the provider will receive an email from [eftenrollment@changehealthcare.com](mailto:eftenrollment@changehealthcare.com) containing a hyperlink with the Unity Form for the appropriate selection chose.