

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 ftenrollment@changehealthcare.com containing a hyperlink with the Unity Form for the appropriate selection chose.