

EFT Enrollment Form (Direct Deposit) Instructions



Provider Information

Provider Name* - If the provider is an individual, enter the provider's name. If the provider is a group, enter the group name.

Provider Identifiers Information

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)* - Enter the Federal Tax Identification Number (TIN) or the Employer Identification Number (EIN), if available. If the provider is an individual who doesn't have a Federal Tax Identification Number (TIN), or Employer Identification Number (EIN), enter the provider's own Social Security Number in the TIN/EIN field.

National Provider Identifier (NPI)* - Enter the provider's National Provider Identifier Number. If you are a Non-Healthcare Provider without an NPI, enter 10 zeros in the NPI field.

Provider Contact Information

Provider Contact Name* - Enter the name of the person to be contacted for questions or clarification.

Title – Enter the title of the Provider Contact person.

Telephone Number – Enter the telephone number, including area code, of the Provider Contact Person.

Telephone Number Extension – Enter the telephone number extension of the Provider Contact Person, if applicable.

Email address – Enter the email address of the Provider Contact Person.

Fax Number – Enter the fax number of the Provider Contact Person.

Financial Institution Information

Financial Institution Name* - Enter the name of the financial institution that is to receive the provider's payments.

Financial Institution Address (Street) – Enter the street address of the financial institution.

Financial Institution Address (City) – Enter the city address of the financial institution.

Financial Institution Address (State) – Enter the two digit state abbreviation of the financial institution.



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Financial Institution Address (Zip) – Enter the zip code address of the financial institution.

Financial Institution Routing Number* - Enter the nine digit routing number of the financial institution.

Type of Account at Financial Institution* - Check the Checking radio button if the account at the financial institution is a checking account. Check the Savings radio button if the account is a savings account.

Provider's Account Number with Financial Institution* - Enter the provider's account number with the financial institution.

Account Number Linkage to Provider Identifier* - Check the Provider Tax Identification Number (EIN/TIN) radio button if the provider is Non-Healthcare Provider and does not have an NPI, enter 10 zeros in the NPI field.

Submission Information

Reason for Submission* - Check the New Enrollment radio button if this application is to enroll a new provider for EFT. Check the Change Enrollment radio button if this application is to make a change to an existing provider's EFT information. If the Cancel Enrollment radio button is checked, the cancellation will be denied since an EFT is required to be on file for all active providers.

Authorized Signature

Printed Name of Person Submitting Enrollment – Enter the name of the person who signed the form to submit enrollment.

Submission Date – Enter the current date.

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Missing or Late EFT Procedures

- The provider will contact the Conduent Call Center at (1-800-884-3222) to verify their banking information that is currently on file.
- The Call Center Agent will verify the banking account and routing numbers.
- If the account number is correct, the Call Center Agent will advise the provider to contact their financial institution's ACH department.
- If the banking account or routing number isn't correct, the Call Center Agent will direct the provider to update their banking account information via the Direct Deposit Authorization/Agreement form which is available on the Mississippi Medicaid website at www.ms-medicaid.com under Provider → Provider Enrollment for online submission to be downloaded.